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Reserve for Liquor Commission Time Stamp

LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU
711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • FAX (808) 768-7311
INTERNET ADDRESS: www.honolulu.gov/liq

P-F

DECLARATION OF GROSS LIQUOR SALES

[PARTIAL PERIOD REPORTING]

(Pursuant to Rule 3-81-17.54(c))

CLUB

☐ **AMENDED REPORT**
Attach supporting documents

FOR LATE FILING ONLY
☐ OTC BY _____
☐ PM DATE _____

Report due 31 days after expiration, revocation, or cancellation of the license;
For a license transfer, report due before the actual transfer of the license

LICENSEE | LICENSE NO.
TRADE NAME | BUS PHONE NO.
NAME/TITLE OF PERSON PREPARING REPORT | PREPARER'S NO.
EMAIL ADDRESS (Required)

COMPUTATION OF ADDITIONAL LICENSE FEE

Partial Period Reporting: ☐ New License ☐ Transfer ☐ Other _____

1. Total Liquor Sales from **07/01/2019** to **06/30/2020**	1.	
2. General Excise Tax *(if assessed to customers)*	2.	
3. Complimentary Drinks and/or Samples (Report at the full value)	3.	
4. **GROSS LIQUOR SALES (GLS)** (Add Lines 1 through 3)	4.	**0.00**
5. Less Prorated Deductible	5.	150,000.00
6. NET GLS (Line 4 minus Line 5. Enter "0", if less than "0".)	6.	0.00
7. Assessment Rate of the class of the respective license	7.	0.005
8. **ADDITIONAL LICENSE FEE DUE AND PAYABLE** (Multiply Lines 6 and 7; Limited to $15,000)	8.	**0.00**

Please make checks payable to "City & County of Honolulu"

PAYMENT ENCLOSED ☐

COST OF LIQUOR SOLD

A. Beginning Liquor Inventory as of 07/01/2019	A.	
B. Total Liquor Purchases for the period	B.	
C. Ending Liquor Inventory as of 06/30/2020	C.	
D. **Cost of Liquor Sold for the period** (Lines A + B - C)	D.	**0.00**

Pursuant to §3-81-17.5 et seq., the Rules of the Liquor Commission, and under the penalties set forth in §281, Hawaii Revised Statutes, I certify that this Gross Liquor Sales Report is true, accurate, and complete, and I am authorized to submit this report.

_____
Date

_____
Signature of Officer, Member, or Authorized Agent

_____
Print Name/Title

OFFICE USE ONLY
Paid: _____
Ck#: _____
Initial: _____
Date: _____(_____)

For assistance, please contact HLC Auditing Team:
(808) 768-7343; Liq-Auditing@honolulu.gov