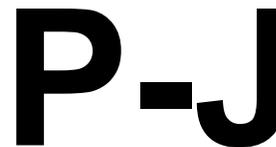


LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU
711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • FAX (808) 768-7311
INTERNET ADDRESS: www.honolulu.gov/liq



DECLARATION OF GROSS LIQUOR SALES
[PARTIAL PERIOD REPORTING]

TOUR/CRUISE VESSEL

FOR LATE FILING ONLY

OTC BY
PM DATE

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

AMENDED REPORT

Attach supporting documents

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 Purchases from to
2. GROSS LIQUOR SALES (GLS) (4 x Line 1)
3. Less Prorated Deductible
4. NET GLS (Line 2 minus Line 3. Enter "0", if less than "0".)
5. Assessment Rate of the class of the respective license
6. ADDITIONAL LICENSE FEE DUE AND PAYABLE (Multiply Lines 4 and 5; Limited to \$10,000)

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

PAYMENT ENCLOSED

COST OF LIQUOR SOLD

- A. Beginning Liquor Inventory as of
B. Total Liquor Purchases for the period (same as Line 1)
C. Ending Liquor Inventory as of
D. Cost of Liquor Sold for the period (Lines A + B - C)

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

OFFICE USE ONLY

Paid:
Ck#:
Initial:
Date: ()

Print Name/Title

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