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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-L

DECLARATION OF GROSS LIQUOR SALES

[PARTIAL PERIOD REPORTING]

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

HOTEL

☐ **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 On-Premises **07/01/2019** to **06/30/2020**	1.	
2.	Total Liquor Sales from Off-Premises Catering Sales	2.	
3.	General Excise Tax (if assessed to customers)	3.	
4.	Complimentary Drinks and/or Samples (Report at the full value)	4.	
5.	**GROSS LIQUOR SALES (GLS)** (Add Lines 1 through 4)	5.	**0.00**
6.	Less Prorated Deductible	6.	150,000.00
7.	NET GLS (Line 5 minus Line 6. Enter "0", if less than "0".)	7.	0.00
8.	Assessment Rate of the class of the respective license	8.	0.0075
9.	**ADDITIONAL LICENSE FEE DUE AND PAYABLE** (Multiply Lines 7 and 8; Limited to $45,000)	9.	**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