

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-R

DECLARATION OF GROSS LIQUOR SALES
[PARTIAL PERIOD REPORTING]

RESTAURANT

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 _____

PART A: ON-PREMISES SALES

- 1. Total Food Sales from _____ to _____ 1.
2. Total Non-Alcoholic Beverage Sales 2.
3. Total Liquor Sales 3.
4. General Excise Tax (Liquor sales portion only if assessed to customers) 4.
5. Complimentary Drinks and/or Samples (Report at the full value) 5.
6. GROSS LIQUOR SALES (GLS On-Premises) (Add Lines 3 through 5) 6.

PART B: OFF-PREMISES CATERING SALES

- 7. Total Food Sales from All Off-Premises Catering Sales 7.
8. Total Non-Alcoholic Beverage Sales from all Off-Premises Catering Sales 8.
9. Total Liquor Sales from All Off-Premises Catering Sales 9.
10. General Excise Tax (Liquor sales portion only if assessed to customers) 10.
11. Complimentary Drinks and/or Samples (Report at the full value) 11.
12. GROSS LIQUOR SALES (GLS Off-Premises) (Add Lines 9 through 11) 12.

- 13. COMBINED GLS (Add Lines 6 and 12) 13.
14. Less Prorated Deductible 14.
15. NET GLS (Line 13 minus Line 14. Enter "0", if less than "0".) 15.
16. Assessment Rate of the class of the respective license 16.
17. ADDITIONAL LICENSE FEE DUE AND PAYABLE (Multiply Lines 15 and 16; Limited to \$25,000) 17.

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

PAYMENT ENCLOSED []

OFFICE USE ONLY

Page 2 of 2
Paid: _____
CK#: _____
Initial: _____
Date: _____ ()

*** CONTINUE TO PAGE 2 OF 2 ***

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

LICENSEE

LICENSE NO.

TRADE NAME

COST OF LIQUOR SOLD

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

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

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