

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]

WINERY

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 Sales from _____ to _____ 1.
2. Total Liquor Sales from Wholesale Activities 2.
3. General Excise Tax (if assessed to customers) 3.
4. Liquor Bottle Fees (if assessed to customers) 4.
5. Complimentary Drinks and/or Samples (Report at the full value) 5.
6. GROSS LIQUOR SALES (GLS) (Add Lines 1 through 5) 6.
7. Less Prorated Deductible 7.
8. Net GLS (Line 6 minus Line 7. Enter "0", if less than "0".) 8.
9. Assessment Rate of the class of the respective license 9.
10. ADDITIONAL LICENSE FEE DUE AND PAYABLE (Multiply Lines 8 and 9; Limited to \$25,000) 10.

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

PAYMENT ENCLOSED []

COST OF LIQUOR SOLD

- A. Beginning Liquor Inventory (Finished Products) as of _____ A.
B. Total Liquor Costs* for the period _____ B.
C. Ending Liquor Inventory (Finished Products) as of _____ C.
D. Cost of Liquor Sold for the period (Lines A + B - C) _____ D.

* "Liquor Costs" mean costs of the finished products ready for sale.

Manufactured:

- E. Total amount of barrels manufactured for the period _____ E.

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