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

Q

DECLARATION OF GROSS LIQUOR SALES

CATERER

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

[FY20 ANNUAL PERIOD REPORTING]

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

☐ **AMENDED REPORT**
Attach supporting documents

REPORT DUE FRIDAY, JULY 31, 2020; PAYMENT DUE EXTENDED TO FRIDAY, OCTOBER 30, 2020

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

1.	Total Food Sales **from JULY 1, 2019 to JUNE 30, 2020**	1.
2.	Total Non-Alcoholic Beverage Sale	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)** (Add Lines 3 through 5)	6.
7.	Less FY20 Deductible	7. **(150,000.00)**
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. **0.005**
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 as of **July 1, 2019**	A.
B.	Total Liquor Purchases for Fiscal Year 2020	B.
C.	Ending Liquor Inventory as of **June 30, 2020**	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

OFFICE USE ONLY

Paid: _____
CK#: _____
Initial: _____
Date: _____ (_____)

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