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/liquor

DECLARATION OF GROSS LIQUOR SALES

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

[FY20 ANNUAL PERIOD REPORTING]  
☐ AMENDED REPORT  
(Pursuant to Rule 3-81-17.54(c))

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

LICENSEEE ________________________________  
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 Liquor Sales from JULY 1, 2019 to JUNE 30, 2020

2. General Excise Tax (if assessed to customers)

3. Liquor Bottle Fees (if assessed to customers)

4. Complimentary Drinks and/or Samples (Report at the full value)

5. GROSS LIQUOR SALES (GLS) (Add Lines 1 through 4)

6. Less FY20 Deductible

7. NET GLS (Line 5 minus Line 6. Enter "0", if less than "0").

8. Assessment Rate of the class of the respective license

9. ADDITIONAL LICENSE FEE DUE AND PAYABLE (Multiply Lines 7 and 8; Limited to $15,000)

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

   PAYMENT ENCLOSED ☐

COST OF LIQUOR SOLD

A. Beginning Liquor Inventory as of July 1, 2019

B. Total Liquor Purchases for Fiscal Year 2020

C. Ending Liquor Inventory as of June 30, 2020

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

Print Name/Title

OFFICE USE ONLY

Paid: __________________

CK#: __________________

Initial: __________________

Date: __________________

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