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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

A

DECLARATION OF GROSS LIQUOR SALES

MANUFACTURER

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

[FY20 ANNUAL PERIOD REPORTING]

☐ **AMENDED REPORT**

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

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 Liquor Sales **from JULY 1, 2019 to JUNE 30, 2020**	1.
2.	General Excise Tax (if assessed to customers)	2.
3.	Liquor Bottle Fees (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 FY20 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. 0.001
9.	**ADDITIONAL LICENSE FEE DUE AND PAYABLE** (Multiply Lines 7 and 8; Limited to $5,000)	9. **0.00**

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

PAYMENT ENCLOSED ☐

COST OF LIQUOR SOLD

A.	Beginning Liquor Inventory (Finished products) as of **July 1, 2019**	A.
B.	Total Liquor Costs* for Fiscal Year 2020	B.
C.	Ending Liquor Inventory (Finished products) as of **June 30, 2020**	C.
D.	**Cost of Liquor Sold for the period** (Lines A + B - C)	D. **0.00**

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

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