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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

B

DECLARATION OF GROSS LIQUOR SALES

BREW PUB

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 Liquor Sales (on-premises) **from JULY 1, 2019 to JUNE 30, 2020**	1.	
2.	Total 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.	**0.00**
7.	Less FY20 Deductible	7.	150,000.00
8.	Net GLS (Line 6 minus Line 7. Enter "0", if less than "0".)	8.	0.00
9.	Assessment Rate of the class of the respective license	9.	0.0075
10.	**ADDITIONAL LICENSE FEE DUE AND PAYABLE** (Multiply Lines 8 and 9; Limited to $40,000)	10.	**0.00**

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

PAYMENT ENCLOSED ☐

COST OF LIQUOR SOLD

A.	Beginning Liquor Inventory as of **July 1, 2019** (Inventory include manufactured products ready for sale)	A.	
B.	Total Liquor Purchases from Wholesalers and Liquor Costs of Manufactured Products 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.	**0.00**

Manufactured:

E.	Total number of barrels manufactured for Fiscal Year 2020	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

Print Name/Title

OFFICE USE ONLY
Paid: _____
CK#: _____
Initial: _____
Date: _____ (_____)

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