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

FY 17

DUE DATE: JULY 31, 2017

DECLARATION OF GROSS LIQUOR SALES

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

REPORTING PERIOD: JULY 1, 2016 TO JUNE 30, 2017

LICENSEE_____ LIQUOR LICENSE NO._____

TRADE NAME_____ PHONE NO._____

NAME/TITLE OF PERSON PREPARING REPORT_____ PHONE NO._____

EMAIL ADDRESS (Required)_____

COMPUTATION OF ADDITIONAL LICENSE FEE

1. **Total Liquor Sales*** from 07/01/2016 to 06/30/2017 .....$_____
   If effective dates differ from normal reporting period July 1 through June 30, check one of the boxes and explain.
   [ ] New License [ ] Transfer [ ] Other_____
2. Complimentary Drinks (include sampling used from the inventory).....$_____
3. **GROSS LIQUOR SALES (GLS)** (Add Lines 1 and 2).....$ 0.00
4. Less Deductible for FY16 (GLS adjustment for a full 12 month period)**.....$ (139,000.00)
5. GLS (NET) (Line 3 minus Line 4. Enter "0," if less than "0.").....$ 0.00
6. Assessment rate of the class of the respective license..... 0.001
7. **ADDITIONAL LICENSE FEE DUE** (Multiply Lines 5 and 6).....$ 0.00
   (Line 7 is limited to the following: MANUFACTURER = $5,000; WHOLESALE = $10,000)

Please make checks payable to "CITY AND COUNTY OF HONOLULU."

** Total Liquor Sales include **the State General Excise Tax and bottle fees** assessed to customers.*

*** Please call HLC Auditor for **the Prorated Deductible** if reporting period is less than a year.*

COST OF LIQUOR SOLD - for substantiation of Gross Liquor Sales of License Year:

A. Liquor Stock on Hand as of 07/01/2016 .....$_____
B. Total of Liquor Costs*** for License Year reported above.....$_____
C. Liquor Stock on Hand as of 06/30/2017 .....$_____
D. Cost of Liquor Sold (COLS) for License Year reported above.....$ 0.00
   (Lines A + B - C)

*** "Liquor Costs" mean manufacturing costs of finished liquor items for Manufacturers and landed costs for Wholesalers.

I declare, under the penalties set forth in Chapter 281, Hawaii Revised Statutes, that this return (form) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to Chapter 281 and the Rules of the Liquor Commission of the City and County of Honolulu.

Date_____

_____
Signature of Officer, Member, or Authorized Agent

_____
Print Name/Title

OFFICE USE ONLY

LCIS
Name:_____
Date:_____

For assistance, please contact HLC Auditor:
768-7321; 768-7360; Liq-Auditing@honolulu.gov

Revised 6/10/16