

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](http://www.honolulu.gov/liq)

**T-B**

**DECLARATION OF GROSS LIQUOR SALES**  
**[TEMPORARY LICENSE]**

**BREW PUB**

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

**Report due within 31 days after cancellation or expiration of Temporary License**

LICENSEE \_\_\_\_\_ LIQUOR LICENSE NO. \_\_\_\_\_  
TRADE NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
NAME/TITLE OF PERSON PREPARING REPORT \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
EMAIL ADDRESS (Required) \_\_\_\_\_

**COMPUTATION OF ADDITIONAL LICENSE FEE**

1. **Total Liquor Sales\*** from \_\_\_\_\_ to \_\_\_\_\_ .....\$ \_\_\_\_\_  
(Dates above should correspond to the temporary license period.)
2. Complimentary Drinks (Reported at the value of regular sales prices).....\$ \_\_\_\_\_
3. **GROSS LIQUOR SALES (GLS)** (Add Lines 1 and 2).....\$ \_\_\_\_\_
4. Assessment rate of the class of the respective license..... \_\_\_\_\_
5. **ADDITIONAL LICENSE FEE DUE** (Multiply Lines 3 and 4).....\$ \_\_\_\_\_  
(Line 5 is limited to a maximum fee of \$40,000.)

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

\* Total Liquor Sales include **the State General Excise Tax** assessed to customers.

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

- A. Beginning liquor inventory as of \_\_\_\_\_ .....\$ \_\_\_\_\_
- B. Total of Liquor Costs for Temporary period reported above.....\$ \_\_\_\_\_
- C. Ending liquor inventory as of \_\_\_\_\_ .....\$ \_\_\_\_\_
- D. Cost of Liquor Sold (COLS) for Temporary period reported above.....\$ \_\_\_\_\_  
(Lines A + B - C)

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](mailto:Liq-Auditing@honolulu.gov)