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

DECLARATION OF GROSS LIQUOR SALES
[TEMPORARY LICENSE]

(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 07/01/2016 to 06/30/2017 .....$_____
   (Dates above should correspond to the temporary license period.)
2. Complimentary Drinks (Reported at the value of regular sales prices).....$_____
3. **GROSS LIQUOR SALES (GLS)** (Add Lines 1 and 2).....$ 0.00
4. Assessment rate of the class of the respective license..... 0.0075
5. **ADDITIONAL LICENSE FEE DUE** (Multiply Lines 3 and 4).....$ 0.00
   (Line 5 is limited to the following: CABARET = $30,000; HOTEL = $45,000; CONDOMINIUM HOTEL = $45,000)

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

** Total Liquor Sales include **the State General Exercise Tax** assessed to customers.*
*HOTELS/CONDOMINIUM HOTELS: Liquor Sales from **CATERING EVENTS** shall also be included.*

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

A. Beginning liquor inventory as of 07/01/2016 .....$_____
B. Total of Liquor Costs for Temporary period reported above.....$_____
C. Ending liquor inventory as of 06/30/2017 .....$_____
D. Cost of Liquor Sold (COLS) for Temporary period reported above.....$ 0.00
   (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