

Reserve for Liquor Commission Time  
Stamp

FY 16

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)

A-J

**DECLARATION OF GROSS LIQUOR SALES  
[AMENDED REPORT]**

**TOUR/CRUISE VESSEL**

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 Purchases** from \_\_\_\_\_ to \_\_\_\_\_ ....\$ \_\_\_\_\_
2. **GROSS LIQUOR SALES (GLS)** (4 x Line 1).....\$ \_\_\_\_\_
3. Less Deductible for FY16 (GLS adjustment for a full 12 month period)<sup>1</sup>.....\$ **(139,000.00)**
4. GLS (NET) (Line 2 minus Line 3).....\$ \_\_\_\_\_
5. Assessment rate of the class of the respective license..... **.005**
6. **Additional License Fee Payable** (Multiply Lines 4 and 5).....\$ \_\_\_\_\_  
(Line 6 is limited to a maximum fee of \$10,000.)
7. Less Additional License Fee Paid with the original report.....\$ **( )**
8. **ADDITIONAL LICENSE FEE DUE<sup>2</sup> or REFUND DUE**.....\$ \_\_\_\_\_

<sup>1</sup>Please call HLC Auditor for **the Prorated Deductible** if reporting period is less than a year.

<sup>2</sup>Please make checks payable to "CITY AND COUNTY OF HONOLULU."

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

- A. Liquor Stock on Hand as of July 1, 2015 (or \_\_\_\_\_).....\$ \_\_\_\_\_
- B. Total of Liquor Purchases for License Year reported above.....\$ \_\_\_\_\_
- C. Liquor Stock on Hand as of June 30, 2016 (or \_\_\_\_\_).....\$ \_\_\_\_\_
- D. Cost of Liquor Sold (COLS) for License Year 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)