

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

A-R

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

RESTAURANT

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. **Gross Sales¹** from _____ to _____\$ _____
2. Total Food Sales.....\$ _____
3. Total Other Sales (i.e. Non-Alcoholic Beverages, Merchandise Sales).....\$ _____
4. **Total Liquor Sales** (Line 1 minus Lines 2 and 3).....\$ _____
5. Complimentary Drinks (Reported at the value of regular sales prices).....\$ _____
6. **GROSS LIQUOR SALES (GLS)** (Add Lines 4 and 5).....\$ _____
7. Less Deductible for FY16 (GLS adjustment for a full 12 month period)².....\$ **(139,000.00)**
8. GLS (NET) (Line 6 minus Line 7. Enter "0," if less than "0.").....\$ _____
9. Assessment rate of the class of the respective license..... **.005**
10. **Additional License Fee Payable** (Multiply Lines 8 and 9).....\$ _____
(Line 10 is limited to a maximum fee of \$25,000.)
11. Less Additional License Fee Paid with the original report.....\$ **(_____)**
12. **ADDITIONAL LICENSE FEE DUE³ or REFUND DUE**.....\$ _____

¹Gross Sales include **the State General Excise Tax** assessed to customers.
Gross Sales from **CATERING EVENTS** shall also be included.
²Please call HLC Auditor for **the Prorated Deductible** if reporting period is less than a year.
³Please 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 _____

OFFICE USE ONLY

LCIS
Name: _____
Date: _____

Print Name/Title _____

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