

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

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DUE DATE: JULY 31, 2017

DECLARATION OF GROSS LIQUOR SALES

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

RETAIL

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 _____ to _____ \$ _____
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).....\$ _____
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.").....\$ _____
6. Assessment rate of the class of the respective license..... **0.0025**
7. **ADDITIONAL LICENSE FEE DUE** (multiply Lines 5 and 6).....\$ _____
(Line 7 is limited to a maximum fee of \$15,000.)

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 _____ \$ _____
- B. Total of Liquor Purchases for License Year reported above.....\$ _____
- C. Liquor Stock on Hand as of _____ \$ _____
- 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