

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)

**FY 17**

**J**

**DUE DATE: JULY 31, 2017**

**DECLARATION OF GROSS LIQUOR SALES**

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

**TOUR/CRUISE VESSEL**

**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 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)\* .....\$ **( 139,000.00 )**
4. GLS (NET) (Line 2 minus Line 3).....\$ \_\_\_\_\_
5. Assessment rate of the class of the respective license..... **0.005**
6. **ADDITIONAL LICENSE FEE** (Multiply Lines 4 and 5).....\$ \_\_\_\_\_  
(Line 6 is limited to a maximum fee of \$10,000.)

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

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