

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

T-R

DECLARATION OF GROSS LIQUOR SALES
[TEMPORARY LICENSE]

RESTAURANT

(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. **Gross Sales*** from _____ to _____\$ _____
(Dates above should correspond to the temporary license period.)
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. Assessment rate of the class of the respective license..... **0.005**
8. **ADDITIONAL LICENSE FEE DUE** (Multiply Lines 6 and 7).....\$ _____
(Line 8 is limited to \$25,000)

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

* All sales include **the State General Excise Tax** assessed to customers.
Gross 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 _____\$ _____
- B. Total of Liquor Costs for Temporary period reported above.....\$ _____
- C. Ending liquor inventory as of _____\$ _____
- D. Cost of Liquor Sold (COLS) for Temporary period 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