



State of Hawaii
Department of Health

Hawaii Deposit Beverage Container Program
Monthly Distributor Report Form
For use by distributors who annually import or distribute more than 100,000 deposit beverage containers

Business Name _____

Nothing to Report This Period

Address _____

Change of Address

Contact Person _____

Change of Ownership
Effective Date _____

Phone _____

Reminder: Register new business names with the DOH

E-mail _____

Closed This Business
Effective Date _____

Reporting Period Thru

Please Note: Reporting is based on the number of containers sold, donated, or transferred.

| Container Material Type | Container Count* | Container Fee Amount <i>container count x .01 =</i> | Deposit Amount <i>container count x .05 =</i> | Total Due |
|----------------------------------|------------------|--|--|-----------|
| For containers 0-68 fl oz | | | | |
| Aluminum | | \$ | \$ | \$ |
| Bi-Metal | | \$ | \$ | \$ |
| Plastic (PETE) | | \$ | \$ | \$ |
| Plastic (HDPE) | | \$ | \$ | \$ |
| Glass | | \$ | \$ | \$ |
| Totals | | \$ | \$ | \$ |

* Container Count = (# of containers sold, donated, or transferred) – (# of containers transferred out of state).
Note that Container Fees and Deposits must be paid on all eligible containers including those donated.

| | |
|---|--|
| Container Count of Deposit Beverage Containers exported (transferred out of state) and intended for consumption out of the state** | |
|---|--|

** Please submit the following information on a separate sheet: Name of Company, Contact Person, Telephone #, Date of Sale

I certify under penalty of law that this document was prepared under my direction or supervision by qualified personnel who have properly gathered and evaluated the submitted information. I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine, imprisonment for a knowing violation, or both.

Authorized Signature

Title

Print Name

Date

Payments are due by the 15th day of the month following the end of the report period.

If you have questions about this form contact:
Office of Solid Waste Management
Phone (808) 586-4226
Fax (808) 586-7509

Make a check or money order payable to:
Department of Health, State of Hawaii

Mail completed form and payment to:
Hawaii Department of Health
Office of Solid Waste Management
919 Ala Moana Boulevard, Room 212
Honolulu, HI 96814-4920

"Deposit beverage" means beer, ale, or other drink produced by fermenting malt, mixed spirits, mixed wine, tea and coffee drinks regardless of dairy-derived product content, soda, or noncarbonated water, and all nonalcoholic drinks in liquid form and intended for internal human consumption that is contained in a deposit beverage container.

The term "deposit beverage" excludes the following:

- (1) A liquid which is:
 - (A) A syrup;
 - (B) In a concentrated form: or
 - (C) Typically added as a minor flavoring ingredient in food or drink, such as extracts, cooking additives, sauces, or condiments;
- (2) A liquid which is a drug, medical food or infant formula as defined by the Federal Food Drug and Cosmetic Act (21 U.S.C Sec. 301 et seq.);
- (3) A liquid which is designed and consumed only as a dietary supplement and not as a beverage as defined in the Dietary Supplement Health and Education Act of 1994 (P.L. 103-417);
- (4) Products frozen at the time of sale to the consumer, or, in the case of institutional users such as hospitals and nursing homes, at the time of sale to the users;
- (5) Products designed to be consumed in a frozen state;
- (6) Instant drink powders;
- (7) Seafood, meat, or vegetable broths, or soups, but not juices; and
- (8) Milk and all other dairy-derived products, except tea and coffee drinks with trace amounts of these products.

"Deposit beverage container" means the individual, separate, sealed glass, polyethylene terephthalate, high density polyethylene, or metal container less than or equal to sixty-eight fluid ounces, used for containing, at the time of sale to the consumer, a deposit beverage intended for use or consumption in this State.

"Deposit beverage distributor" means a person who is a manufacturer of beverages in deposit beverage containers in this State, or who imports and engages in the sale of filled deposit beverage containers to a dealer or consumer. The term includes federal agencies and military distributors, but does not include airlines and shipping companies that merely transport deposit beverage containers.

"Import" means to buy, bring, or accept delivery of deposit beverage containers from an address, supplier, or any entity outside of the State.

"Importer" means any person who buys, brings, or accepts delivery of deposit beverage containers from outside the State for sale or use within the State.

Source: Hawaii Revised Statute, Chapter 342G

Full text of the statute may be accessed online at:

www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0342G/

Deposit Program information begins with section Ch. 342G-101

Please visit our website for more program information: <http://health.hawaii.gov/hi5/>