Monthly Report of Concessionaire's Total Gross Sales (Due by the 20th of each month)

Park: 40-60	_ Date: _	8/8/19		
Concessionaire Name: hists Ktyth	65			
Period Covered:From 7/1/9 To_	7/:	3,1,5		
Gross Sales Sale Location(s): If there are multiple point of sale locations, please include and, list the name and total sales of each location on an				
Total Taxes Collected:		- \$		
Total Customer Refunds: # of Refunds: _		- \$		
Total Gross Sales		=\$		
Monthly Compensation Monthly Commission (% rate x Total Gross Sales)		\$		
Flat Fee		+\$ 150		
Monthly Utility Fee(s) to Park		+ \$		
Pass through fees (entrance fees, pavilion rentals, etc.)		+ \$		
Other Payments (identify)		+\$		
Use Tax (if applicable)		+\$_NA		
Total Monthly Compensation Due:		=\$_150.00		
CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the records available for review/audit by the Department.				
Signature of Concessionaire I	Date	1/8/15		
Signature of Preparer	Date	, man /		
List Stontald				
Preparer Name				

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Monthly Report of Concessionaire's Total Gross Sales (Due by the 20th of each month)

Park: APISP	Date:	9/14/19	
Concessionaire Name:	Ktytks		
Period Covered:From	To <i>\$</i> /;	3/15	
Gross Sales Sale Location(s): FPTSP - Kay If there are multiple point of sale location and, list the name and total sales of each	ns, please include the tota		
Total Taxes Collected:		- \$	
Total Customer Refunds:	# of Refunds:	- \$	
Total Gross Sales		= \$	
Monthly Compensation Monthly Commission (% rate x To	otal Gross Sales)	\$	
Flat Fee		+\$ 150.00	
Monthly Utility Fee(s) to Park		+ \$	
Pass through fees (entrance fees, pavilion	n rentals, etc.)	+ \$	
Other Payments (identify)		+ \$	
Use Tax (if applicable)		+ \$ N / A	
Total Monthly Compensation Due:		=\$ <u>150.00</u>	
CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the records available for review/audit by the Department.			
Signature of Concessionaire	Date	1 6	
Signature of Preparer	7	16/11	
Signature of Freparer	Date		
Preparer Name			
Return this form to the Department's Agr	reement Manager.	(, t	

Page 1 of 2

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Monthly Report of Concessionaire's Total Gross Sales (Due by the 20th of each month)

Park: 4PLSP	Date: 10/10/19	
Concessionaire Name: 1545 VA	+63	
Period Covered:From 9/1/19	ro 9/30/19	
Gross Sales Sale Location(s): If there are multiple point of sale locations, please in and, list the name and total sales of each location on	\$ nclude the total sales for all locations on this line; an attached second sheet.	
Total Taxes Collected:	- \$	
Total Customer Refunds: # of Refunds	s:	
Total Gross Sales	= \$	
Monthly Compensation Monthly Commission (% rate x Total Gross Said	les) \$	
Flat Fee	+\$_150-	
Monthly Utility Fee(s) to Park	+ \$	
Pass through fees (entrance fees, pavilion rentals, etc.)	+ \$	
Other Payments (identify)	+ \$	
Use Tax (if applicable)	+5_1/8	
Total Monthly Compensation Due:	=\$ <u>150</u> -	
CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the records available for review/audit by the Department.		
Signature of Concessionaire	Date	
Signature of Preparer	10/10/09	
List Ftontold	Date	
Preparer Name		
Return this form to the Department's Agreement Manag	ger.	

Page 1 of 2

Monthly Report of Concessionaire's Total Gross Sales (Due by the 20th of each month)

Period Covered:From 10 1 1 2 To 10 3 1 9 Gross Sales Sale Location(s): \$ Sile Location(s): \$ Sale Location(s): \$ Sale Location(s): \$ Sale Location(s): \$ Sale Location(s): \$ Sile Location(s): \$ Sale Location(s): \$ Sales \$ Sale Location(s): \$ Sales \$	Park: $40-50$	Date:	
Period Covered:From 10 11 1 To 10 13 1 9 Gross Sales Sale Location(s): \$ Sile Sile Sile Sile Sile Sile Sile Sile	Concessionaire Name: 13/5		
Sale Location(s): If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet. Total Taxes Collected: Total Gross Sales Total Gross Sales # of Refunds: # of Refunds: # o		10/3,/19	
Total Customer Refunds: # of Refunds: -\$ Total Gross Sales = \$ Monthly Compensation Monthly Commission (% rate x Total Gross Sales) \$ Flat Fee +\$	Sale Location(s): If there are multiple point of sale locations, please include		
Total Gross Sales	Total Taxes Collected:	- \$	
Monthly Compensation Monthly Commission (% rate x Total Gross Sales) Flat Fee	Total Customer Refunds: # of Refunds:	- \$	
Monthly Commission (Total Gross Sales	=\$	
Monthly Utility Fee(s) to Park Pass through fees (entrance fees, pavilion rentals, etc.) Other Payments (identify) Use Tax (if applicable) Total Monthly Compensation Due: CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the records available for review/audit by the Department. Signature of Concessionaire Date Date Date		\$	
Pass through fees (entrance fees, pavilion rentals, etc.) +\$ Other Payments (identify) +\$ Use Tax (if applicable) +\$ Total Monthly Compensation Due: =\$ CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the records available for review/audit by the Department. Signature of Concessionaire Date Date	Flat Fee	+\$ 150-	
Other Payments (identify) + \$ Use Tax (if applicable) + \$ Total Monthly Compensation Due: =\$ 150 CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the records available for review/audit by the Department. Signature of Concessionaire Date Line Support Date Date	Monthly Utility Fee(s) to Park	+ \$	
Use Tax (if applicable) +\$	Pass through fees (entrance fees, pavilion rentals, etc.)	+ \$	
Total Monthly Compensation Due: = \$ 150 CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the records available for review/audit by the Department. Signature of Concessionaire Date Date Date	Other Payments (identify)	+ \$	
CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the records available for review/audit by the Department. Signature of Concessionaire Date Date Date	Use Tax (if applicable)	+\$ 1/2	
actual gross receipts for the period covered and recorded in the records available for review/audit by the Department. Signature of Concessionaire Date Date Date	Total Monthly Compensation Due:	=\$ 150	
Signature of Concessionaire Date 11/14/15 Signature of Preparer Date	actual gross receipts for the period covered and recorded in the records available for review/audit by the Department.		
hist tanacht	Signature of Concessionaire	11/14/15	
		Date	
Property	Preparer Name		

Page 1 of 2

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Monthly Report of Concessionaire's Total Gross Sales (Due by the 20th of each month)

Park: 150	Date: 12/9/19
Concessionaire Name:	(+15
Period Covered:From 11 / 15 To	11/30/19
Gross Sales Sale Location(s): If there are multiple point of sale locations, please include and, list the name and total sales of each location on an e	\$ le the total sales for all locations on this line; attached second sheet.
Total Taxes Collected:	- \$
Total Customer Refunds: # of Refunds:	- \$
Total Gross Sales	= \$
Monthly Compensation Monthly Commission (% rate x Total Gross Sales)	\$
Flat Fee	+\$ 150
Monthly Utility Fee(s) to Park	+\$
Pass through fees (entrance fees, pavilion rentals, etc.)	+ \$
Other Payments (identify)	+ \$
Use Tax (if applicable)	+\$
Total Monthly Compensation Due:	=\$
dur hisutal	tatement is true and correct and is based upon the records available for review/audit by the 12/9/1/9 ate 12/1/5/1/5

Page 1 of 2

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