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

Park: YP-SP
Date: 8/8/15

Concessionaire Name: Lister V:ttEx

Period Covered: From 7/1/15 To 7/31/15

Gross Sales
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 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: = $ 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 8/8/15

Signature of Preparer Date 8/8/15

Preparer Name

Return this form to the Department’s Agreement Manager.
EXHIBIT A
Monthly Report of Concessionaire's Total Gross Sales
(Due by the 20th of each month)

Park: [Handwritten] Date: 9/16/15
Concessionaire Name: [Handwritten]
Period Covered: From 8/1/15 To 8/31/15

Gross Sales
Sale Location(s): [Handwritten] $0
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 Customer Refunds: # of Refunds: ______ - $_________

Total Gross Sales = $_________

Monthly Compensation
Monthly Commission (____ % rate x Total Gross Sales) $_________

Flat Fee + $150.00
Monthly Utility Fee(s) to Park + $_________
Pass through fees (entrance fees, pavilion rentals, etc.) + $_________
Other Payments (identify) + $_________
Use Tax (if applicable) + $N/A

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 Date 9/16/15

Signature of Preparer Date 9/16/15

Preparer Name

Return this form to the Department’s Agreement Manager.
EXHIBIT A
Monthly Report of Concessionaire’s Total Gross Sales
(Due by the 20th of each month)

Park: [Handwritten] Date: 10/10/19
Concessionaire Name: [Handwritten]
Period Covered: From 9/1/19 To 9/30/19

Gross Sales
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 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: = $ 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 10/10/19

Signature of Preparer ___________________________ Date 10/10/19

Preparer Name ___________________________

Return this form to the Department’s Agreement Manager.
EXHIBIT A
Monthly Report of Concessionaire’s Total Gross Sales
(Due by the 20th of each month)

Park: __________ Date: __________

Concessionaire Name: __________

Period Covered: From __________ To __________

Gross Sales
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 Customer Refunds: # of Refunds: __________ - __________

Total Gross Sales = __________

Monthly Compensation
Monthly Commission (___ % rate x Total Gross Sales) __________

Flat Fee + __________

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.

_________________________ Date __________
Signature of Concessionaire

_________________________ Date __________
Signature of Preparer

Preparer Name

Return this form to the Department’s Agreement Manager.
EXHIBIT A
Monthly Report of Concessionaire's Total Gross Sales
(Due by the 20th of each month)

Park: [Signature]  Date: 12/9/19

Concessionaire Name: [Signature]  1-844-575
Period Covered: From 11/1/19 To 11/30/19

Gross Sales
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 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) + $10

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 12/9/19

Signature of Preparer 12/15/19

Preparer Name

Return this form to the Department's Agreement Manager.