

**EXHIBIT D**

**Monthly Report of Concessionaire's Total Gross Sales**  
(Due by the 5th of each month)

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From December 1, 2021 To December 31, 2021**Gross Sales**

Sale Location: Gift Shop

\$70,961.72

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.

Subcontractor(s): None

+

\$0.00

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected:

-

\$4,784.26

Total Funds from Concessionaire Employee Food Consumption  
(No Longer Applicable)

-

\$0.00

Total Customer Refunds:

# of Refunds:

61

\$341.15

**Total Gross Sales**

=

\$65,836.31

**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales)

\$3,950.18

State Use Tax (      % rate x Monthly Commission)

+

\$0.00

State Use Tax Exempt Amount (enter \$0.00 if not exempt)

-

\$0.00

Monthly Vending Machine

# of Machines:

+

\$0.00

Pass through fee Pavilion rentals

+

\$0.00

Other Payments (identify) \_\_\_\_\_

+


\$0.00

**Total Monthly Compensation Due:**

=

\$3,950.18

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 accounting records available for review/audit by the Department.



Signature of Concessionaire

1/5/2022

Date

## DEP Agreement No. CA-1616

**EXHIBIT D**

**Monthly Report of Concessionaire's Total Gross Sales**  
**(Due by the 5th of each month)**

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From November 1, 2021 To November 30, 2021**Gross Sales**

Sale Location: Gift Shop

\$87,363.50

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.

Subcontractor(s): None

+ \$0.00

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected:

- \$5,784.61

Total Funds from Concessionaire Employee Food Consumption

- \$0.00

**(No Longer Applicable)**

Total Customer Refunds:

# of Refunds:

31

\$299.49

**Total Gross Sales**

= \$81,279.40

**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales)

\$4,876.76

State Use Tax (      % rate x Monthly Commission)

+ \$0.00

State Use Tax Exempt Amount (enter \$0.00 if not exempt)

- \$0.00

Monthly Vending Machine

# of Machines:

+ \$0.00

Pass through fee Pavilion rentals

+ \$0.00

Other Payments (identify) \_\_\_\_\_

+ \$0.00

**Total Monthly Compensation Due:**

= \$4,876.76

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 accounting records available for review/audit by the Department.

  
 \_\_\_\_\_  
 Signature of Concessionaire

12/2/2021  
 Date

## DEP Agreement No. CA-1616

**EXHIBIT D**

Monthly Report of Concessionaire's Total Gross Sales  
(Due by the 5th of each month)

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From October 1, 2021 To October 31, 2021**Gross Sales**Sale Location: Gift Shop \$80,928.57

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.

Subcontractor(s): None + \$0.00

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected: - \$5,325.17

Total Funds from Concessionaire Employee Food Consumption - \$0.00  
(No Longer Applicable)

Total Customer Refunds: # of Refunds: 53 \$947.64Total Gross Sales = \$74,655.76**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$4,479.35State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other Payments (identify) + \$0.00Total Monthly Compensation Due: = \$4,479.35

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 accounting records available for review/audit by the Department.

  
 \_\_\_\_\_  
 Signature of Concessionaire

11/4/2021  
Date

**EXHIBIT D**

**Monthly Report of Concessionaire's Total Gross Sales**  
 (Due by the 5th of each month)

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From September 1, 2021 To September 31, 2021**Gross Sales**

Sale Location: Gift Shop

\$66,039.17

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.

Subcontractor(s): None

+ \$0.00

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected:

- \$4,424.64

Total Funds from Concessionaire Employee Food Consumption

- \$0.00

**(No Longer Applicable)**

Total Customer Refunds:

# of Refunds:

19

\$334.14

**Total Gross Sales**

= \$61,280.39

**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales)

\$3,676.82

State Use Tax (      % rate x Monthly Commission)

+ \$0.00

State Use Tax Exempt Amount (enter \$0.00 if not exempt)

- \$0.00

Monthly Vending Machine

# of Machines:

+ \$0.00

Pass through fee Pavilion rentals

+ \$0.00

Other Payments (identify) \_\_\_\_\_

+ \$0.00

**Total Monthly Compensation Due:**

= \$3,676.82

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 accounting records available for review/audit by the Department.



Signature of Concessionaire

10/7/2021

Date



**EXHIBIT D**

**Monthly Report of Concessionaire's Total Gross Sales**  
 (Due by the 5th of each month)

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From August 1, 2021 To August 31, 2021**Gross Sales**Sale Location: Gift Shop \$88,154.68

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.

Subcontractor(s): None + \$0.00

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected: - \$5,956.10

Total Funds from Concessionaire Employee Food Consumption - \$0.00  
 (No Longer Applicable)

Total Customer Refunds: # of Refunds: 32 \$427.04Total Gross Sales = \$81,771.54**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$4,906.29State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other Payments (identify) + \$0.00Total Monthly Compensation Due: = \$4,906.29

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 accounting records available for review/audit by the Department.

  
 \_\_\_\_\_  
 Signature of Concessionaire

9/3/2021  
 \_\_\_\_\_  
 Date

**EXHIBIT D**

**Monthly Report of Concessionaire's Total Gross Sales**  
 (Due by the 5th of each month)

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From July 1, 2021 To July 31, 2021**Gross Sales**Sale Location: Gift Shop \$183,699.55

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.

Subcontractor(s): None + \$0.00

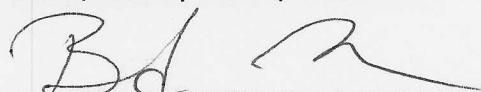
Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected: - \$11,018.17

Total Funds from Concessionaire Employee Food Consumption - \$0.00  
 (No Longer Applicable)

Total Customer Refunds: # of Refunds: 60 \$1,203.43**Total Gross Sales** = \$171,477.95**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$10,288.68State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other Payments (identify) + \$0.00**Total Monthly Compensation Due:** = \$10,288.68

CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upo actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.

  
 \_\_\_\_\_  
 Signature of Concessionaire

8/4/2021  
 \_\_\_\_\_  
 Date



**EXHIBIT D**

Concessionaire Name: Florida Caverns Gift Shop LLC

### Gross Sales

\$141,360.66

Subcontractor(s): None

+ \$0.00

**Total Taxes Collected:**

- \$9,504.66

- \$0.00

**Total Customer Refunds:**

# of Refunds:

33

\$811.79

## Total Gross Sales

= \$131,044.21

Monthly Commission ( 6 % rate x Total Gross Sales)

\$7,862.65

**State Use Tax (\_\_\_\_ % rate x Monthly Commission)**

+ \$0.00

State Use Tax Exempt Amount (enter \$0.00 if not exempt)

00 \$0.00

## Monthly Vending Machine

# of Machines:

+ \$0.00

### Pass through fee Pavilion rentals

+ \$0.00

Other Payments (identify) \_\_\_\_\_

+ \$0.00

**Total Monthly Compensation Due:**

= \$7,862.65

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Signature of Concessionaire

7/5/2021

Date \_\_\_\_\_



## EXHIBIT D

Concessionaire Name: Florida Caverns Gift Shop LLC

## Gross Sales

\$94,693.09

**Subcontractor(s):** None

**+ \$0.00**

**Total Taxes Collected:**

- \$6,175.44

- \$0.00

**Total Customer Refunds:**

# of Refunds:

18

**\$268.53**

## Total Gross Sales

= \$88,249.12

Monthly Commission ( 6 % rate x Total Gross Sales)

\$5,294.95

State Use Tax (\_\_\_ % rate x Monthly Commission)

+ \$0.00

State Use Tax Exempt Amount (enter \$0.00 if not exempt)

- \$0.00

## Monthly Vending Machine

# of Machines:

+ \$0.00

### Pass through fee Pavilion rentals

+ \$0.00

Other Payments (identify)

+ \$0.00

**Total Monthly Compensation Due:**

= \$5,294.95

6/4/2021

Date \_\_\_\_\_

Signature of Concessionaire



**EXHIBIT D**

**Monthly Report of Concessionaire's Total Gross Sales**  
(Due by the 5th of each month)

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From April 1, 2021 To April 30, 2021**Gross Sales**Sale Location: Gift Shop \$67,306.67

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.

Subcontractor(s): None + \$0.00

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected: - \$4,562.30Total Funds from Concessionaire Employee Food Consumption - \$0.00**(No Longer Applicable)**Total Customer Refunds: # of Refunds: 16 \$338.60**Total Gross Sales** = \$62,405.77**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$3,744.35State Use Tax (\_\_\_ % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other Payments (identify) \_\_\_\_\_ + \$0.00**Total Monthly Compensation Due:** = \$3,744.35

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 accounting records available for review/audit by the Department.



Signature of Concessionaire

5/3/2021  
Date



**EXHIBIT D**

**Monthly Report of Concessionaire's Total Gross Sales**  
 (Due by the 5th of each month)

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From March 1, 2021 To March 31, 2021**Gross Sales**

Sale Location: Gift Shop

\$76,199.79

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.

Subcontractor(s): None

+ \$0.00

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected:

- \$5,136.20

Total Funds from Concessionaire Employee Food Consumption

- \$0.00

**(No Longer Applicable)**

Total Customer Refunds:

# of Refunds:

8

\$118.61

**Total Gross Sales**

= \$70,944.98

**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales)

\$4,256.70

State Use Tax (      % rate x Monthly Commission)

+ \$0.00

State Use Tax Exempt Amount (enter \$0.00 if not exempt)

- \$0.00

Monthly Vending Machine

# of Machines:

+ \$0.00

Pass through fee Pavilion rentals

+ \$0.00


Other Payments (identify) \_\_\_\_\_

+ \$0.00

**Total Monthly Compensation Due:**

= \$4,256.70

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 accounting records available for review/audit by the Department.



Signature of Concessionaire

4/4/2021

Date



**EXHIBIT D**

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

Concessionaire Name: Florida Caverns Gift Shop LLCPeriod Covered: From February 1, 2021 To February 28, 2021**Gross Sales**Sale Location: Gift Shop \$18,438.63

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.

Subcontractor(s): None + \$0.00

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected: - \$1,307.71

Total Funds from Concessionaire Employee Food Consumption - \$0.00  
 (No Longer Applicable)

Total Customer Refunds: # of Refunds: 5 \$43.25**Total Gross Sales** **= \$17,087.67****Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$1,025.26State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00Monthly Vending Machine # of Machines: + \$0.00Pass through fee Pavilion rentals + \$0.00Other Payments (identify) + \$0.00**Total Monthly Compensation Due:** **= \$1,025.26**

CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upo  
 actual gross receipts for the period covered and recorded in the accounting records available for  
 review/audit by the Department.



Signature of Concessionaire

3/4/2021

Date



FLORIDA CAVERNS  
STATE PARK  
**RECEIVED**  
**FEB -3 2021**

2/3/2021