

## EXHIBIT D

**Concessionaire Name:** Florida Caverns Gift Shop LLC

### Gross Sales

\$59,770.52

Subcontractor(s): None

+ \$0.00

- \$4,280.54

- \$0.00

**\$935.15**

= \$54,554.83

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

**\$3,273.29**

+ \$0.00

- \$0.00

+ \$0.00

+ \$0.00

+ \$0.00

- -\$18.48

- **-\$38.78**

**= \$3,216.03**

Bd m

1/3/2023

            
Date

DEP Agreement No. CA-1616  
**EXHIBIT D - REVISED 01/03/2023**  
Monthly Report of Concessionaire's Total Gross Sales  
(Due by the 5th of each month)

Concessionaire Name: Florida Caverns Gift Shop LLC

Period Covered: From November 1, 2022 To November 30, 2022

**Gross Sales**

Sale Location: Gift Shop \$64,817.64

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: - \$4,594.95

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**(No Longer Applicable)**

Total Customer Refunds: # of Refunds: 19 \$1,174.74

**Total Gross Sales** = \$59,047.95

**Monthly Compensation**

Monthly Commission ( 6 % rate x Total Gross Sales) \$3,542.88

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

Prior Payment - -\$3,581.66

**Total Monthly Compensation Due:** **(CREDIT)** = -\$38.78

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

12/5/2022  
Date

**EXHIBIT D - REVISED 01/03/2023**

**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, 2022 To October 31, 2022**Gross Sales**Sale Location: Gift Shop \$76,185.59

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: - \$5,405.53

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**(No Longer Applicable)**

Total Customer Refunds: # of Refunds: 23 \$479.25**Total Gross Sales** = \$70,300.81**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$4,218.05State 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) + \$0.00Prior Payment - \$4,236.53**Total Monthly Compensation Due: (CREDIT)** = -\$18.48

**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

1/3/2023  
 \_\_\_\_\_  
 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 November 1, 2022 To November 30, 2022**Gross Sales**Sale Location: Gift Shop \$64,817.64

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: - \$4,594.95

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(No Longer Applicable)

Total Customer Refunds: # of Refunds: 665 \$528.30

**Total Gross Sales** = \$59,694.39

**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$3,581.66State Use Tax (      % rate x Monthly Commission) + \$0.00State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$0.00

Monthly Vending Machine # of Machines: + \$0.00

Pass through fee Pavilion rentals + \$0.00Other Payments (identify) + \$0.00

**Total Monthly Compensation Due:** = \$3,581.66

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

12/5/2022

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 October 1, 2022 To October 31, 2022**Gross Sales**Sale Location: Gift Shop \$76,185.59

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: - \$5,405.53

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

Total Customer Refunds: # of Refunds: 331 \$171.20**Total Gross Sales** = \$70,608.86**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$4,236.53State 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:** = \$4,236.53

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

11/4/2022

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, 2022 To September 30, 2022**Gross Sales**Sale Location: Gift Shop \$86,904.99

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: - \$6,171.63

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

Total Customer Refunds: # of Refunds: 23 \$539.26**Total Gross Sales** = \$80,194.10**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$4,811.65State 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) + \$0.00Overpayment 9/06/22 - \$43.94**Total Monthly Compensation Due:** = \$4,767.71

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

10/3/2022  
 Date

**EXHIBIT D - REVISED 10/03/2022**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, 2022 To August 31, 2022**Gross Sales**

Sale Location: Gift Shop \$101,994.25

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: - \$7,345.00

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

Total Customer Refunds: # of Refunds: 40 \$974.32

**Total Gross Sales** = \$93,674.93**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$5,620.50State 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

Prior payment 9/6/22: - \$5,664.44

**Total Monthly Compensation Due:** = **(\$43.94)**

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 Concessionaire10/3/2022  
Date

**EXHIBIT D - REVISED 9/13/2022**

**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, 2022 To August 31, 2022**Gross Sales**Sale Location: Gift Shop \$101,994.25

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: - \$7,345.00

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


Total Customer Refunds: # of Refunds: 576 \$438.07

**Total Gross Sales** = \$94,211.18

**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$5,652.67State 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) + \$0.00Prior payment 9/6/22: - \$5,664.44

**Total Monthly Compensation Due:** = **(\$11.77)**

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

9/13/2022  
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, 2022 To August 31, 2022**Gross Sales**Sale Location: Gift Shop \$102,092.30

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: - \$7,246.95

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

Total Customer Refunds: # of Refunds: 576 \$438.07**Total Gross Sales** = \$94,407.28**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$5,664.44State 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:** = \$5,664.44

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

9/6/2022  
 Date

**EXHIBIT D - REVISED 10/03/2022**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, 2022 To August 31, 2022**Gross Sales**

Sale Location: Gift Shop \$101,994.25

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: - \$7,345.00

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

Total Customer Refunds: # of Refunds: 40 \$974.32

**Total Gross Sales** = \$93,674.93**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$5,620.50State 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

Prior payment 9/6/22: - \$5,664.44

**Total Monthly Compensation Due:** = **(\$43.94)**

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 Concessionaire10/3/2022  
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, 2022 To July 31, 2022**Gross Sales**

Sale Location: Gift Shop

\$187,448.61

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:

- \$10,607.13

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

- \$0.00

Total Customer Refunds:

# of Refunds:

49

\$1,726.71

**Total Gross Sales**

= \$175,114.77

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

\$10,506.89

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:**

= \$10,506.89

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

8/3/2022

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 June 1, 2022 To June 30, 2022**Gross Sales**Sale Location: Gift Shop \$158,329.16

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: - \$11,146.78

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

Total Customer Refunds: # of Refunds: 52 \$1,775.85**Total Gross Sales** = \$145,406.53**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$8,724.39State 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:** = \$8,724.39

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

7/5/2022  
 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 May 1, 2022 To May 31, 2022**Gross Sales**

Sale Location: Gift Shop

\$100,687.67

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:

- \$6,738.69

Total Funds from Concessionaire Employee Food Consumption

- \$0.00

(No Longer Applicable)

Total Customer Refunds:

# of Refunds:

25

\$812.37

**Total Gross Sales**

= \$93,136.61

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

\$5,588.20

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:**

= \$5,588.20

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

6/3/2022

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 April 1, 2022 To April 30, 2022**Gross Sales**

Sale Location: Gift Shop

\$100,151.16

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:

- \$6,708.82

Total Funds from Concessionaire Employee Food Consumption

- \$0.00

(No Longer Applicable)

Total Customer Refunds:

# of Refunds:

16

\$420.57

**Total Gross Sales**

= \$93,021.77

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

\$5,581.31

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

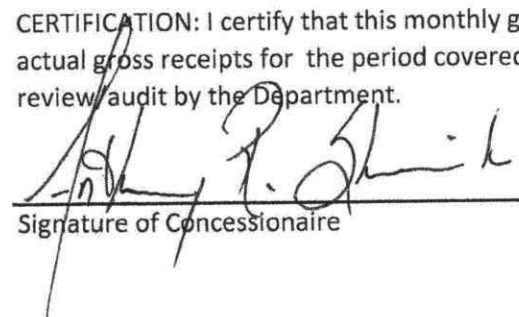
Other Payments (identify) \_\_\_\_\_

+ \$0.00

**Total Monthly Compensation Due:**

= \$5,581.31

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

5/6/2022

Date

Brenda Shirah  
Manager  
318-816-8416 Cell

Florida Caverns Gift Shop LLC  
Office Phone: (850)-526-2650  
3345 Caverns Road  
Marianna, Florida 32446  
[floridacavernsgiftshop.com](http://floridacavernsgiftshop.com)



**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, 2022 To March 31, 2022**Gross Sales**Sale Location: Gift Shop \$131,713.10

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: - \$8,781.07

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

Total Customer Refunds: # of Refunds: 39 \$587.05

**Total Gross Sales** = \$122,344.98

**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$7,340.70State Use Tax (      % rate x Monthly Commission) + \$0.00State 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:** = \$7,340.70

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

4/4/2022  
 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 February 1, 2022 To February 28, 2022**Gross Sales**Sale Location: Gift Shop \$75,740.60

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: - \$5,042.98

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

Total Customer Refunds: # of Refunds: 12 \$103.95**Total Gross Sales** = \$70,593.67**Monthly Compensation**Monthly Commission ( 6 % rate x Total Gross Sales) \$4,235.62State 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:** = \$4,235.62

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

3/4/2022  
\_\_\_\_\_  
Date

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

Date 2/3/2022