

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, 2024 To June 30, 2024**Gross Sales**Sale Location: Gift Shop \$213,112.74

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: - \$14,537.22


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 (No Longer Applicable)

Total Customer Refunds: # of Refunds: 17 \$394.86**Total Gross Sales** = \$198,180.66**Monthly Compensation**Monthly Commission (6 % rate x Total Gross Sales) \$11,890.84State 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 + \$0.00

Other Payments (Identify) +
+

Total Monthly Compensation Due: = \$11,890.84

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

7/3/2024

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, 2024 To May 31, 2024**Gross Sales**Sale Location: Gift Shop \$118,329.87

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: - \$7,877.54

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 (No Longer Applicable)

Total Customer Refunds: # of Refunds: 11 \$672.85**Total Gross Sales** = \$109,779.48**Monthly Compensation**Monthly Commission (6 % rate x Total Gross Sales) \$6,586.77State 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 + \$0.00

Other Payments (Identify) +
+

Total Monthly Compensation Due: = \$6,586.77

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

6/4/2024

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, 2024 To April 30, 2024**Gross Sales**Sale Location: Gift Shop \$130,047.10

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: - \$8,485.14

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 (No Longer Applicable)

Total Customer Refunds: # of Refunds: 23 \$614.95**Total Gross Sales** = \$120,947.01**Monthly Compensation**Monthly Commission (6 % rate x Total Gross Sales) \$7,256.82State 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) +**Total Monthly Compensation Due:** = \$7,256.82

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

5/3/2024

 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 March 1, 2024 To March 31, 2024**Gross Sales**Sale Location: Gift Shop \$198,534.54

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: - \$13,195.58

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 (No Longer Applicable)

Total Customer Refunds: # of Refunds: 76 \$4,594.94**Total Gross Sales** **= \$180,744.02****Monthly Compensation**Monthly Commission (6 % rate x Total Gross Sales) \$10,844.64State 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) +**Total Monthly Compensation Due:** **= \$10,844.64**

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

4/5/2024

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 February 1, 2024 To February 29, 2024**Gross Sales**Sale Location: Gift Shop \$98,418.98

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: - \$6,622.48

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

Total Customer Refunds: # of Refunds: 59 \$2,975.18**Total Gross Sales** = \$88,821.32**Monthly Compensation**Monthly Commission (6 % rate x Total Gross Sales) \$5,329.28State 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) +**Total Monthly Compensation Due:** = \$5,329.28

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

3/5/2024

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 January 1, 2024 To January 31, 2024**Gross Sales**Sale Location: Gift Shop \$81,590.81

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: - \$5,463.60

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

Total Customer Refunds: # of Refunds: 14 \$921.56**Total Gross Sales** **= \$75,205.65****Monthly Compensation**Monthly Commission (6 % rate x Total Gross Sales) \$4,512.34State 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 + \$0.00

Other Payments (Identify) +
+

Total Monthly Compensation Due: **= \$4,512.34**

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

2/5/2024

Date