



CITY OF AVALON
 P.O. Box 707
 Avalon, CA 90704
 (310) 510-0220

REPORT OF WHARFAGE FEES

Business Name: _____

Mailing Address: _____

Check Reporting Month

Reporting Period	January 2019	May 2019	September 2019
By Month	February 2019	June 2019	October 2019
	March 2019	July 2019	November 2019
	April 2019	August 2019	December 2019

Fees shall be paid on or before the last day of the month immediately following each calendar month.

1. Total Number of Passengers Landed..... _____

2. Total Number of Passengers Embarked..... _____

3. Total Number of Passengers subject to Fee (Line 1 plus Line 2)..... _____

4. TOTAL FEE DUE (Total on Line 3 times \$2.50)..... \$ _____

****STARTING MARCH 1, 2019 (Total on Line 3 times \$3.00) \$ _____

LATE PAYMENT: If the payment is not received by the last day of the month immediately following the reporting period (ie: reporting for the month of May is due June 30), add a 10% penalty, plus interest at the rate of ½ of 1% (.005) per month or portion thereof, from the date the Wharfage Fee becomes delinquent.

5. PENALTY AND INTEREST FOR LATE PAYMENT (if applicable)

PENALTY..... \$ _____

INTEREST..... \$ _____

6. TOTAL AMOUNT DUE AND PAYABLE (Line 4 plus line 5).....\$ _____

Please make Check Payable to City of Avalon

I declare under penalty of perjury that I am authorized to make this statement, and that to the best of my knowledge and belief it is a true, correct and complete statement made in good faith for the period stated, in compliance with the provisions of Title 10, Article 4, Chapter 2, of the Avalon Municipal Code.

Signature of Operator or Agent	Date Report Submitted
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