



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

## REPORT OF WHARFAGE FEES

**Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

### Circle Reporting Month

Reporting Period By Month	January	2017	May	2017	September	2017
	February	2017	June	2017	October	2017
	March	2017	July	2017	November	2017
	April	2017	August	2017	December	2017

**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)..... \$ \_\_\_\_\_

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.

<b>Signature of Operator or Agent</b>	<b>Date Report Submitted</b>
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