



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

REPORT OF USE FEE

Business Name: _____

Check Reporting Month

January 2020	May 2020	September 2020
February 2020	June 2020	October 2020
March 2020	July 2020	November 2020
April 2020	August 2020	December 2020

During this month was the business (check one) Open Closed

BEGINNING RECEIPT NUMBER _____

ENDING RECEIPT NUMBER _____

ADDITIONAL REVENUE OUTSIDE RECEIPT SYSTEM _____

*(A business **must** report sales revenue to be considered open.)*

If closed, number of months closed this calendar year _____.

1. **Total Gross Revenues**..... \$ _____

Based on business operating time periods noted below, if the business is open (at least 1 day) during the month, enter the total Gross Revenues on Line 1 and go to Line 2.

BUSINESS OPERATES 7 MONTHS OR MORE: If the business is either closed or has no sales revenue for the current month, but will report sales revenue for at least 7 months during the calendar year, enter zero "0" on Line 1 and go to Line 2.

BUSINESS OPERATES LESS THAN 7 MONTHS: If the business is either closed or will have no sales revenue for 6 or more calendar months during the year, enter "0" on Lines 1 and 2 and go to Line 3.

2. **Use Fee Payable to City** (7% of amount on Line 1 or \$25, whichever is greater per 10-2.410(d)(4)(iii))..... \$ _____

3. **Minimum Payment** (enter \$200.00)..... \$ _____
In all cases where your business operates fewer than 7 months during any 12 month period, pay to the City a Use Fee under Section 10-2.410(d)(4)(iv) the sum of \$200.00 for each month the business is closed or does not report any sales receipts.

4. **Less Credit** for Use Fee Deposit, if any, per Section 10-2.410(d)(4)(ii)..... \$ _____

5. **Adjusted Use Fee** (Line 2 or 3, less Line 4)..... \$ _____

6. **Penalty and Interest for Late Payment** (if applicable)..... \$ _____
If the amount due is not paid by the last day of the following month, add a 10% penalty, plus interest at the rate of ½ of 1% (.005) per month of Use Fee for each month, or portion thereof, from the date the Use Fee first becomes delinquent.

7. **Total Amount Due and Payable** (Line 5 plus Line 6)..... \$ _____

Make Check Payable to City of Avalon

All calculations must be calculated to the penny, not rounded to the nearest dollar

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 a complete statement made in good faith for the period stated, in compliance with the provisions of Section 10-2.407 of the Avalon Municipal Code.

Signature of Operator or Agent	Date Report Submitted
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Please provide email address for future correspondence:

_____ Email Address