



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	2016	May	2016	September	2016
	February	2016	June	2016	October	2016
	March	2016	July	2016	November	2016
	April	2016	August	2016	December	2016

**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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