

EXHIBIT A
Monthly Report of Concessionaire's Total Gross Sales
 (Due by the 20th of each month)

Park: YPSOP Date: 8/8/19

Concessionaire Name: LISA FRONCH

Period Covered: From 7/1/19 To 7/31/19

Gross Sales

Sale Location(s): _____ \$ _____
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.

Total Taxes Collected: _____ - \$ _____

Total Customer Refunds: _____ # of Refunds: _____ - \$ _____

Total Gross Sales = \$ _____

Monthly Compensation

Monthly Commission (____ % rate x Total Gross Sales) \$ _____

Flat Fee + \$ 150.00

Monthly Utility Fee(s) to Park + \$ _____

Pass through fees (entrance fees, pavilion rentals, etc.) + \$ _____

Other Payments (identify) _____ + \$ _____

Use Tax (if applicable) + \$ N/A

Total Monthly Compensation Due: = \$ 150.00

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 records available for review/audit by the Department.

[Signature] _____ Date 8/8/19

[Signature] _____ Date 8/8/19

Lisa Fronch
 Preparer Name

Return this form to the Department's Agreement Manager.

EXHIBIT A
Monthly Report of Concessionaire's Total Gross Sales
 (Due by the 20th of each month)

Park: FPISP Date: 9/16/19

Concessionaire Name: Liba's Kayaks

Period Covered: From 8/1/19 To 8/31/19

Gross Sales

Sale Location(s): FPISP - Kayak Launch \$ 0

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.

Total Taxes Collected: - \$ _____

Total Customer Refunds: # of Refunds: _____ - \$ _____

Total Gross Sales = \$ _____

Monthly Compensation

Monthly Commission (____ % rate x Total Gross Sales) \$ _____

Flat Fee + \$ 150.00

Monthly Utility Fee(s) to Park + \$ _____

Pass through fees (entrance fees, pavilion rentals, etc.) + \$ _____

Other Payments (identify) _____ + \$ _____

Use Tax (if applicable) + \$ N/A

Total Monthly Compensation Due: = \$ 150.00

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 records available for review/audit by the Department.

[Signature] _____ Date 9/16/19

[Signature] _____ Date 9/16/19

Liba Frensch
 Preparer Name

Return this form to the Department's Agreement Manager.

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EXHIBIT A
Monthly Report of Concessionaire's Total Gross Sales
 (Due by the 20th of each month)

Park: APLSP Date: 10/10/19

Concessionaire Name: hispas kayaks

Period Covered: From 9/1/19 To 9/30/19

Gross Sales

Sale Location(s): _____ \$ _____
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.

Total Taxes Collected: _____ - \$ _____

Total Customer Refunds: _____ # of Refunds: _____ - \$ _____

Total Gross Sales = \$ _____

Monthly Compensation

Monthly Commission (____ % rate x Total Gross Sales) \$ _____

Flat Fee + \$ 150-

Monthly Utility Fee(s) to Park + \$ _____

Pass through fees (entrance fees, pavilion rentals, etc.) + \$ _____

Other Payments (identify) _____ + \$ _____

Use Tax (if applicable) + \$ n/a

Total Monthly Compensation Due: = \$ 150-

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 records available for review/audit by the Department.

Signature of Concessionaire [Signature] Date 10/10/19

Signature of Preparer [Signature] Date 10/10/19

Preparer Name List Frantz

Return this form to the Department's Agreement Manager.

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EXHIBIT A
Monthly Report of Concessionaire's Total Gross Sales
 (Due by the 20th of each month)

Park: 7P-5P Date: 11/14/19

Concessionaire Name: Lisa S

Period Covered: From 10/1/19 To 10/31/19

Gross Sales

Sale Location(s): _____ \$ _____
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.

Total Taxes Collected: - \$ _____

Total Customer Refunds: # of Refunds: _____ - \$ _____

Total Gross Sales = \$ _____

Monthly Compensation

Monthly Commission (____ % rate x Total Gross Sales) \$ _____

Flat Fee + \$ 150-

Monthly Utility Fee(s) to Park + \$ _____

Pass through fees (entrance fees, pavilion rentals, etc.) + \$ _____

Other Payments (identify) _____ + \$ _____

Use Tax (if applicable) + \$ N/A

Total Monthly Compensation Due: = \$ 150-

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 records available for review/audit by the Department.

[Signature] _____ 11/14/19 _____
 Signature of Concessionaire Date

[Signature] _____ 11/14/19 _____
 Signature of Preparer Date

[Signature] _____
 Preparer Name

Return this form to the Department's Agreement Manager.

EXHIBIT A
Monthly Report of Concessionaire's Total Gross Sales
 (Due by the 20th of each month)

Park: FLIP Date: 12/9/19

Concessionaire Name: LISA KAYAKS

Period Covered: From 11/1/19 To 11/30/19

Gross Sales

Sale Location(s): _____ \$ _____
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.

Total Taxes Collected: - \$ _____

Total Customer Refunds: # of Refunds: _____ - \$ _____

Total Gross Sales = \$ _____

Monthly Compensation

Monthly Commission (____ % rate x Total Gross Sales) \$ _____

Flat Fee + \$ 150

Monthly Utility Fee(s) to Park + \$ _____

Pass through fees (entrance fees, pavilion rentals, etc.) + \$ _____

Other Payments (identify) _____ + \$ _____

Use Tax (if applicable) + \$ 210

Total Monthly Compensation Due: = \$ 150

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 records available for review/audit by the Department.

Signature of Concessionaire [Signature] Date 12/9/19

Signature of Preparer [Signature] Date 12/19/19

Preparer Name LISA FRANKEL

Return this form to the Department's Agreement Manager.