

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

Park: Ellie Schiller Homosassa Springs Wildlife State Park Date: May 5, 2021

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 4/1/2021 To 4/30/2021

Gross Sales

Sale Location(s): Multiple \$ 78,245.20

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.

Subcontractor(s): None +\$ 0.00

Subcontractor is defined in paragraph 11 of the Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected: -\$ 4,379.81

Total Customer Refunds: # of Refunds: _____ -\$ 0.00

Total Gross Sales: = \$ 73,865.39

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 13,295.77

State Use Tax (5.7% rate x Monthly Commission) +\$ 757.86

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 757.86

Park Admission Fees Collected +\$ _____

of Paid Visitors: _____ # of Free Entry Visitors _____

Credit Card processing fees borne by the Concessionaire (limited to Park Admission Fees and other Department-approved fees) -\$ 0.00

Monthly Utility Fee(s) to Park +\$ 0.00

Pass through fee Pavilion rentals +\$ 0.00

Other Payments (identify) Online Sales for Passes +\$ 55,860.00

Total Monthly Compensation Due: = \$ 69,155.77

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Capital Improvement Account (Does not commence until Jan. 1, 2022)

Monthly Deposit Amount: _____ % x Total Gross Sales \$ _____

Monthly Spending \$ _____

End of month balance \$ _____

Total Deposits, Year to Date \$ _____

Total Disbursements, Year to Date \$ _____

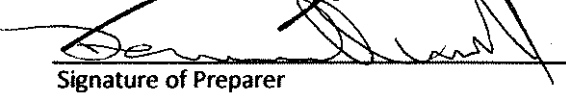
CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.



 Signature of Concessionaire

5/5/21

 Date



 Signature of Preparer

5/5/21

 Date

Doreen Quell

 Preparer Name

Return this form to the Department's Agreement Manager.

Sales Locations Detail

Visitor Center Shop	0.00
West Entrance Shop	59,799.34
Online Store (commissionable sales only)	964.77
Pepper Creek Terrace	0.00
Café	17,481.09
	<u>78,245.20</u>