



## SOLID WASTE FRANCHISE FEE RETURN

FRANCHISEE NAME: \_\_\_\_\_

Account #: \_\_\_\_\_

MONTH/YEAR: \_\_\_\_\_

Total gross receipts for month for all accounts  
located in Cutler Bay

1. \_\_\_\_\_

Exempt receipts (only if specified by Ordinance)

2. \_\_\_\_\_

Taxable receipts

3. \_\_\_\_\_ (1-2)

Franchise Fee Percentage

4. \_\_\_\_\_ 17%

Franchise Fees for month

5. \_\_\_\_\_ (3x4)

Delinquent/late fees (if applicable)

6. \_\_\_\_\_

Amount Due (**make check payable to Town of Cutler Bay**)

\_\_\_\_\_ (5+6)  
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### CERTIFICATION:

Under penalties of perjury, I certify to the best of my knowledge and belief that the information provided above is true and correct.

By: \_\_\_\_\_  
(Signature and Title)

Date: \_\_\_\_\_

The franchise fee is due on the 15<sup>th</sup> day of the month succeeding the month for which the franchise fee is being paid. If the franchise fee is not paid by the 15<sup>th</sup> of the month, an additional monthly surcharge equal to 17% of monthly gross receipts for the preceding month shall be payable to the Town for each month, or portion thereof, the payment franchise fee is delinquent. Additionally, the franchisee shall pay all the Town's collection costs, including court costs and reasonable attorney's fees.