



**KEWALO HARBOR**  
 1125-B1 Ala Moana Blvd.  
 Honolulu, Hawaii 96814  
 Phone: 808-594-0849  
 Fax: 808-594-0848

## Monthly Gross Receipts Report

Name of Operation or Firm:	Vessel Name:	Slip No:	Account No:
Name of Owner:	Contact Phone No:	Alternate No:	
Address: [ ] Change	Email: [ ] Change		
	<b>SLIP FEE/MONTH:</b> Eff. 02/01/15	<b>\$</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	

**ADDITIONAL AMOUNT DUE IF 2% OF GROSS RECEIPTS IS GREATER THAN YOUR SLIP FEE.**

<b>1. Gross Receipts for Month of:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span>	
<b>2. Charges as a percentage of Gross Receipts X 2% (i.e., Amount on Line 1 x 0.02):</b>	
<b>3. Less the <u>Basic Slip Fee</u> paid in advance for the month covered by this statement <b>NOT INCLUDING THE WATER CHARGE:</b></b>	<b>\$</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
<b>4. Additional amount due (Line 2 minus Line 3). This amount will be ZERO (0) if Line 2 less than Line 3, which does not include the Monthly Water Charge:</b>	

**NOTICE TO OWNER:**  
 Please send this statement together with any remittance to:

Kewalo Harbor  
 1125-B1 Ala Moana Blvd.  
 Honolulu, HI 96814  
 Fax: (808) 594-0848  
[Slips@KewaloHarbor.com](mailto:Slips@KewaloHarbor.com)

**Payment and correctly completed report must be received not later than 30 days following the end of the month.**  
*(Example: Gross receipts for the month of October are due by November 30.)*

**A late payment fee of \$100.00 plus interest may be assessed for incorrect or delinquent payments.**

I certify that this statement is, to the best of my knowledge, a true and correct declaration of gross receipts for the period stated, pursuant to the terms, covenants and conditions of the permit to which this statement applies.

Authorized Signature	Title	Date
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