



Department of Finance

Treasury Division

801 Plum Street, Room 202

Cincinnati, Ohio 45202

COMMERCIAL WASTE HAULING FRANCHISE FEES

FILING PERIOD _____

Company Name: _____

Address: _____ Phone: _____

ITEM NO.	
1. Total Franchisee's Gross Revenues (within the City of Cincinnati)	\$ _____
2. Bad Debts written off*	\$ _____
3. 20.0% of gross revenues. (Line 1 minus Line 2)	\$ _____
4. Total fee remitted	\$ _____

Under penalties of perjury, I declare that I have examined this return and the records substantiating the above allowable deductions, and to the best of my knowledge and belief, it is true, correct and complete.

Signed: _____ Date: _____
Print Name/Title: _____

FILE THIS FORM WITH THE OFFICE OF THE CITY TREASURER, ROOM 202, CITY HALL, CINCINNATI, OH 45202
MAKE ALL CHECKS PAYABLE TO THE **TREASURER, CITY OF CINCINNATI.**