

Department of Transportation
Airports Division
Honolulu International Airport
400 Rodgers Boulevard, Suite 700
Honolulu, Hawaii 96819-1880

STATEMENT OF GROSS INCOME

Permit Agreement
Number: _____ Number: _____ Campus: _____

Reporting for Type of Commercial Service Permit _____

Company Name: _____

DBA: _____

Company Number: _____

Address: _____

Phone Number: _____ Email Address: _____

For the Month of: _____ Year _____

Reportable Gross Receipts \$ _____

Monthly Fee: _____ % of \$ _____ = \$ _____
Reportable Gross Receipts

I certify that the above is true and correct:

By _____
(Signature and Title)

Date: _____

NOTE: An interest charge of 12% per annum will be charged for late filing and/or payments. Reference Hawaii Administrative Rules §19-20.1-4(b)(2): "Monthly fees (including percentage fees) shall be paid on or before the 20th day of the succeeding month".

AIRPORTS DIVISION USE ONLY

Date Paid _____

Document No. _____

Company No. _____

Amount _____