Revised 04/23

Department of Transportation Airports Daniel K. Inouye International Airport 400 Rodgers Boulevard, Suite 700 Honolulu, Hawaii 96819-1880

 BILL NO.

## STATEMENT OF GROSS INCOME

Permit Number:	Agreement Number:	Campus:	
Reporting for Type of C	Commercial Service Permit		
Company Name:			
DBA:			
Company Number:			
Address:			
	Email Addre	ress:	
For the Month of:	Year		
Reportable Gross Rece	eipts \$		
Monthly Fee:	% of \$ Reportable Gross Receipts	= \$	
I certify that the above	is true and correct:		
	(Signature and Title)		
NOTE: An interest ch Hawaii Admin	arge of 12% per annum will be cha histrative Rules §19-20.1-4(b)(2): " before the 20 <sup>th</sup> day of the succeed	arged for late filing and/or payments. Reference "Monthly fees (including percentage fees) shall eding month".	
	AIRPORTS USE	: UNLY	
Date Paid	D	Document No	
Company No	Α	Amount	