City of Avalon — LEASE / PERCENT RENT

Revised 03/06/2024

CITY OF AVALON
FINANCE DEPARTMENT
P.O.BOX 707
AVALON, CA 90704

PLEASE INSERT
TENANT NAME & PROPERTY ADDRESS

_____
_____
_____
_____

CHECK REPORTING MONTH

☐ JANUARY 2026	☐ APRIL 2026	☐ JULY 2026	☐ OCTOBER 2026
☐ FEBRUARY 2026	☐ MAY 2026	☐ AUGUST 2026	☐ NOVEMBER 2026
☐ MARCH 2026	☐ JUNE 2026	☐ SEPTEMBER 2026	☐ DECEMBER 2026

BEGINNING RECEIPT NUMBER:_____

ENDING RECEIPT NUMBER:_____

☐ ADDITIONAL REVENUE OUTSIDE RECEIPT SYSTEM _____

1. PERCENTAGE OF TOTAL SALES BASIS:

Gross Receipts: $ _____ X _____ **%** = $ _____
(Enter Percentage)

2. CALCULATION ON SQUARE FOOTAGE:

	Square Feet per Lease Agreement		Rental Rate per Square Foot	
a.) Interior	_____	X	$ _____	= $ _____
b.) Exterior	_____	X	$ _____	= $ _____
c.) Other	_____	X	$ _____	= $ _____

3. RENT DUE (insert Greater Amount from Line 1 or Line 2 a/b/c total): $ _____

4. CPI % $ _____

5. PENALTY FOR LATE PAYMENT (if applicable):

PENALTY - 10% (Line 3 x 10%) $_____

INTEREST - 1/2 OF 1% (Line 3 X .005) $_____

LATE PAYMENT: If payment is not received at City Hall by the last day of the following month, add a 10% penalty, plus interest at the rate of 1/2 of 1% (.005%) per month or portion thereof, from the date the rent became due.

5. TOTAL AMOUNT DUE AND PAYABLE (Line 3 + Line 4): $ _____

**********Make Check Payable to City of Avalon**********

All calculations must be calculated to the penny, not rounded to the nearest dollar

I declare under penalty of perjury that I am authorized to make this statement, and that to the best of my knowledge and belief it is a true, correct and complete statement made in good faith for the period stated, and in compliance with my lease agreement with the City of Avalon.

Signature of Tenant or Agent: _____

Date Report/Payment Submitted: _____

Please provide email address for future correspondence:_____

Please submit any questions to Finance Dept., (310) 510-0220 or finance@cityofavalon.gov