CITY OF AVALON
P.O. Box 707
Avalon, CA 90704
(310) 510-0220

REPORT OF WHARFAGE FEES

Business Name: _____
Mailing Address: _____
_____

Check Reporting Month

Reporting Period By Month

☐	January 2026	☐	May 2026	☐	September 2026
☐	February 2026	☐	June 2026	☐	October 2026
☐	March 2026	☐	July 2026	☐	November 2026
☐	April 2025	☐	August 2026	☐	December 2026

Fees shall be paid on or before the last day of the month immediately following each calendar month.

1. Total Number of Passengers Landed……..……..……..……..……..…..... $ _____
2. Total Number of Passengers Embarked…….……..…….....…… $ _____
3. Total Number of Passengers subject to Wharfage Fee (Line 1 plus Line 2)…....… $ _____
4. TOTAL WHARFAGE DUE (Total on Line 3 times $3.00)……..... $ _____
5. MEASURE H. PROVISION : ($2.00 per passenger times line 1)..... $ _____

LATE PAYMENT: If the payment is not received by the last day of the month immediately following the reporting period (ie: reporting for the month of May is due June 30), add a 10% penalty, plus interest at the rate of ½ of 1% (.005) per month or prtion thereof, from the date the Wharfage Fee becomes delinquent.

6. PENALTY AND INTEREST FOR LATE PAYMENT (if applicable)

PENALTY……..... $ _____
INTEREST.....…. $ _____

7. TOTAL AMOUNT DUE AND PAYABLE ……..…$ _____
(Line 4 plus line 5)

Please make Check Payable to City of Avalon

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, in compliance with the provisions of Title 10, Article 4, Chapter 2, of the Avalon Municipal Code.

Signature of Operator or Agent	**Date Report Submitted**

Email :_____