

City of Williamstown, KY Monthly Safety Assessment Report

Month/Year: July / 2017

Name: Ark Encounter LLC

Location Address: 1000 Eibeck Lane, Williamstown, KY 41097

- | | | | |
|---|-------------|---|---------------------|
| 1. Ticket Sales For Reporting Month | Number Sold | XX <u>142,626 Tickets Sold</u> | |
| 2. Safety Assessment Fee: Multiply Line 1 by \$0.50 | | \$ <u>71,313.00</u> | |
| 3. Total Safety Assessment Fee Due | | <table border="1"><tr><td>\$ <u>71,313.00</u></td></tr></table> | \$ <u>71,313.00</u> |
| \$ <u>71,313.00</u> | | | |

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

Signature

08/17/17

Date

Tom Hill

Print Name

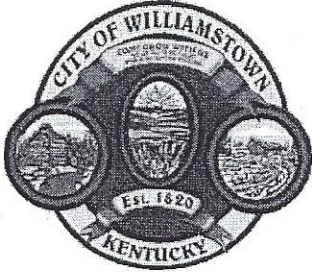
859-727-2222 Ext 242

Work Number

Remit Check or Money Order Payable to: City of Williamstown,
c/o City Clerk, Vivian Link, P.O. Box 147, Williamstown, KY 41097
DUE DATE: THE 20TH OF THE FOLLOWING MONTH.

Per Safety Assessment Fee Ordinance No. 2017-03

A copy of the complete Ordinance can be found at www.wtownky.org



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SEP 20 2017

City of Williamstown, KY
BY: _____
Monthly Safety Assessment Report


Month/Year: August 2017

Name: Ark Encounter LLC

Location Address: 1000 Eibeck Lane, Williamstown, KY 41097

1. Ticket Sales For Reporting Month	<u>106,161</u>
2. Safety Assessment Fee: Multiply Line 1 by \$0.50	\$ <u>53,080.50</u>
3. Total Safety Assessment Fee Due	\$ <u>53,080.50</u>

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETED TO THE BEST OF MY KNOWLEDGE.


Signature

09/15/17
Date

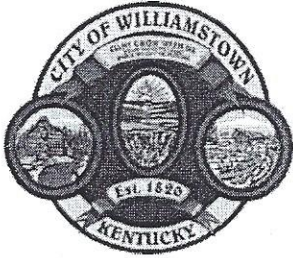
Tom Hill
Print Name

859-727-2222 Ext 242
Work Number

Remit Check or Money Order Payable to: City of Williamstown,
c/o City Clerk, Vivian Link, P.O. Box 147, Williamstown, KY 41097
For questions call 859-824-3633

DUE DATE: THE 20TH OF THE FOLLOWING MONTH.

Per Safety Assessment Fee Ordinance No. 2017-03
A copy of the complete Ordinance can be found at www.wtownky.org



City of Williamstown, KY Monthly Safety Assessment Report

Month/Year: September, 2017

Name: Ark Encounter

Location Address: 1000 Eibeck Lane, Williamstown, KY 41097

1. Ticket Sales For Reporting Month	<u>83,330</u>
2. Safety Assessment Fee: Multiply Line 1 by \$0.50	\$ <u>41,665.00</u>
3. Total Safety Assessment Fee Due	\$ <u>41,665.00</u>

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETED TO THE BEST OF MY KNOWLEDGE.


Signature

October 16, 2017
Date

Tom Hill
Print Name

859-727-2222 Ext 242
Work Number

Remit Check or Money Order Payable to: City of Williamstown,
c/o City Clerk, Vivian Link, P.O. Box 147, Williamstown, KY 41097
For questions call 859-824-3633

DUE DATE: THE 20TH OF THE FOLLOWING MONTH.

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City of Williamstown, KY Monthly Safety Assessment Report

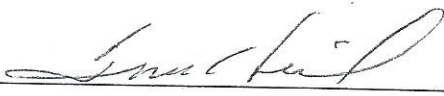
Month/Year: October / 2017

Name: Ark Encounter

Location Address: 1000 Eibeck Lane, Williamstown, KY 41097

1. Ticket Sales For Reporting Month	<u>93,659</u>	
2. Safety Assessment Fee: Multiply Line 1 by \$0.50	\$ <u>46,829.50</u>	
3. Total Safety Assessment Fee Due	<table border="1"><tr><td>\$ <u>46,829.50</u></td></tr></table>	\$ <u>46,829.50</u>
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I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETED TO THE BEST OF MY KNOWLEDGE.


Signature

November 13, 2017
Date

Tom Hill
Print Name

859-727-2222 Ext 242
Work Number

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c/o City Clerk, Vivian Link, P.O. Box 147, Williamstown, KY 41097
For questions call 859-824-3633

DUE DATE: THE 20TH OF THE FOLLOWING MONTH.

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