

# CITY OF BEREA

## UTILITY FRANCHISE FEE RETURN

FF-485

**Make Checks Payable and Mail to:**  
**City of Berea Finance Department**  
**212 Chestnut Street**  
**Berea, KY 40403**  
Phone: (859) 986-7218

(Name and Address of Employer)

City Account #:

Change of Address

Employer EIN:					
Period Beginning:		Period Ending:		Due Date:	
1.	Gross Service Revenues				\$
2.	Less Sales Outside Berea Corporate Limits				\$
3.	Net Gross Revenues within Berea Limits				\$
4.	Franchise Fee Due (Line 3 x 0.03)				\$
5.	Penalty (Line 4 x 0.10 if paid after due date)				\$
6.	Total Amount Due (Add lines 4 and 5)				\$

I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_