Voucher No. 01	Voucher No. JANUARY 2018	Due Date FEB. 20, 2018	Gross Proceeds From the Meals, Food and Beverages
Due Date FEB. 20, 2018	CITY OF GO	\$	
	HOSPITA	LITY FEE	Multiply sales by 2% \$
Check No.			Penalty \$
	Customer #		TOTAL DUE \$
Date Paid	Business Name:		10172 902
	Contact Name: Mailing Address: City:	State: Zip:	This coupon must accompany payment of Fees for proper credit.
Amount	·	•	Make abacks nevelle to
\$	Property Address:		Make checks payable to: City of Goose Creek
Voucher No.	Voucher No. FEBRUARY 2018	Due Date MAR. 20, 2018	Gross Proceeds From the Meals, Food and Beverages
Due Date MAR. 20, 2018	CITY OF GO	\$	
	HOSPITA	I ITY FFF	Multiply sales by 2% \$
Check No.	110011171		Penalty \$
	Customer #		TOTAL DUE \$
Date Paid	Business Name:		This coupon must accompany payment of Fees for proper credit.
	Contact Name: Mailing Address:		
Amount	City:	State: Zip	Make checks payable to:
\$	Property Address:		City of Goose Creek
Siç	gnature		

(Failure to pay on time carries a 5% per month penalty and fines up to \$500)

Voucher No.	Voucher No. MARCH 2018	Due Date APR. 20, 2018	Gross Proceeds From the Meals, Food and Beverages \$
Due Date APR. 20, 2018	CITY OF G	OOSE CREEK	]
	LICODIT	A L ITX	Multiply sales by 2% \$
Oh a ala Na	HOSPIT	ALITY FEE	Penalty \$
Check No.			TOTAL DUE \$
	Customer #		This coupon must accompany payment
Date Paid	Business Name:		of Fees for proper credit.
	Contact Name:		
Amount	Mailing Address: City:	State: Zip	Make checks payable to: City of Goose Creek
\$	Property Address:		
Voucher No.	Voucher No. APRIL 2018	Due Date MAY 20, 2018	Gross Proceeds From the Meals, Food and Beverages
Due Date MAY 20, 2018	CITY OF G	OOSE CREEK ALITY FEE	\$ Multiply sales by 2% \$
Check No.	HOSFII	ALIIIILL	Penalty \$
	Customer #		TOTAL DUE \$
Date Paid	Business Name:		This coupon must accompany payment of Fees for proper credit.
	Contact Name: Mailing Address:		——————————————————————————————————————
Amount	City:	State: Zip	Make checks payable to:
\$	Property Address:		City of Goose Creek
s	ignature(Failure to pay on time c	arries a 5% per month penalty and fines u	p to \$500)

Voucher No. 05	Voucher No. MAY 2018		Due Date JUN. 20, 2018	Gross Proceeds From the Meals, Food and Beverages
Due Date JUN. 20, 2018	CITY OF G	OOSE CI	REEK	\$
	HOSPITA	ALITY	FEE	Multiply sales by 2% \$
Check No.				Penalty \$
	Customer #			TOTAL DUE \$
Date Paid	Business Name:			
Amount	Contact Name: Mailing Address: City:	State:	Zip	This coupon must accompany payment of Fees for proper credit.
\$	Property Address:			Make checks payable to: City of Goose Creek
Remit paym Voucher No.				1768, Goose Creek, South Carolina 29445Gross Proceeds From the Meals, Food and Beverages
Due Date JUL. 20, 2018	CITY OF GO		REEK	\$
Check No.				Multiply sales by 2% \$
	Customer #			Penalty \$
Date Paid	Business Name:			TOTAL DUE \$
Amount	Contact Name: Mailing Address: City:	State:	Zip	This coupon must accompany payment of Fees for proper credit.
\$	Property Address:			Make checks payable to: City of Goose Creek

(Failure to pay on time carries a 5% per month penalty and fines up to \$500)

Voucher No. 07	Voucher No. JULY 2018	Due Date AUG. 20, 2018	Gross Proceeds From the Meals, Food and Beverages
Due Date AUG. 20, 2018	CITY OF G	OOSE CREEK	\$
Check No.	HOSPIT	ALITY FEE	Multiply sales by 2% \$
	Customer #		Penalty
Date Paid	Business Name:		
Amount	Contact Name: Mailing Address: City:	State: Zip	This coupon must accompany payment of Fees for proper credit.
\$	Property Address:		Make checks payable to: City of Goose Creek
Voucher No.	Voucher No. AUGUST 2018	Due Date SEP. 20, 2018	Gross Proceeds From the Meals, Food and Beverages
Due Date SEP. 20, 2018		OOSE CREEK	\$
Check No.	позы	ALITY FEE	Multiply sales by 2% \$
	Customer #		Penalty \$
Date Paid	Business Name:		TOTAL DUE \$
Amount	Contact Name: Mailing Address: City:	State: Zip	This coupon must accompany payment of Fees for proper credit.
\$	Property Address:	•	Make checks payable to: City of Goose Creek
s	ignature_		

(Failure to pay on time carries a 5% per month penalty and fines up to \$500)

Voucher No. 09	Voucher No. SEPTEMBER 2018		Oue Date OCT. 20, 2018	Gross Proceeds From the Meals, Food and Beverages
Due Date OCT. 20, 2018	CITY OF G	OOSE CR	EEK	\$
Check No.	HOSPITA	ALITY	FEE	Multiply sales by 2% \$
	Customer #			Penalty \$ TOTAL DUE \$
Date Paid	Business Name:			
Amount	Contact Name: Mailing Address: City:	State:	Zip	This coupon must accompany payment of Fees for proper credit.
\$	Property Address:			Make checks payable to: City of Goose Creek
Voucher No.	Voucher No. OCTOBER 2018		Due Date	Gross Proceeds From the Meals, Food and Beverages
Due Date NOV. 20, 2018	CITY OF G	OOSE CR	EEK	\$
Check No.	HOSPITA	ALIIY	FEE	Multiply sales by 2% \$
	Customer#			Penalty \$
Date Paid	Business Name:			TOTAL DUE \$
Amount	Contact Name: Mailing Address: City:	State:	Zip	This coupon must accompany payment of Fees for proper credit.
\$	Property Address:			Make checks payable to: City of Goose Creek

(Failure to pay on time carries a 5% per month penalty and fines up to \$500)

Remit payment to: City of Goose Creek, Hospitality Fee Division, P.O. Drawer 1768, Goose Creek, South Carolina 29445

Signature\_

CITY OF GO			1
	OSE CR	EEK	\$
HOSPITA	LITY	FEE	Multiply sales by 2% \$
Customer #			Penalty \$
Business Name:			TOTAL DUE \$
Contact Name: Mailing Address: City:	State:	Zip	This coupon must accompany payment of Fees for proper credit.
Property Address:			Make checks payable to: City of Goose Creek
Voucher No.	 С	oue Date	Gross Proceeds From the Meals, Food and Beverages
CITY OF GO	OSE CR	EEK	\$
HOSPITA	LIIYI	-EE	Multiply sales by 2% \$
Customer #			Penalty \$
Business Name:			TOTAL DUE \$
Contact Name: Mailing Address: City:	State:	Zip	This coupon must accompany payment of Fees for proper credit.
Property Address:		•	Make checks payable to: City of Goose Creek
	Customer #  Business Name:  Contact Name: Mailing Address: City: Property Address:  Inature  (Failure to pay on time carr  ent to: City of Goose Creek, Hosp  Voucher No. DECEMBER 2018  CITY OF GO  HOSPITA  Customer #  Business Name: Contact Name: Mailing Address: City:	Customer #  Business Name:  Contact Name: Mailing Address: City: State:  Property Address:  (Failure to pay on time carries a 5% per modern to: City of Goose Creek, Hospitality Fee Diversity Of Goose Creek, Hospitality Of Goos	Business Name:  Contact Name: Mailing Address: City: State: Zip  Property Address:  (Failure to pay on time carries a 5% per month penalty and fines usent to: City of Goose Creek, Hospitality Fee Division, P.O. Drawer  Voucher No. DECEMBER 2018  CITY OF GOOSE CREEK  HOSPITALITY FEE  Customer #  Business Name: Contact Name: Mailing Address: City: State: Zip

(Failure to pay on time carries a 5% per month penalty and fines up to \$500)

Signature\_