



PAWNBROKER ITEM SURCHARGE RETURN

**ATTN: FINANCE DEPARTMENT
9500 CIVIC CENTER DRIVE
THORNTON, CO 80229
303-538-7400**

BUSINESS NAME: _____
BUSINESS ADDRESS: _____
LICENSE NUMBER: _____
REPORTING PERIOD: _____
RETURN DUE DATE: _____

NUMBER OF TICKETS _____

SURCHARGE PER TICKET _____ \$0.90

TOTAL SURCHARGE DUE (ticket count x surcharge) _____

LATE FILING PENALTY (Greater of 10% or \$15.00) _____

LATE FILING INTEREST (.75% per month x surcharge due) _____

TOTAL DUE AND PAYABLE _____

I hereby certify under penalty of perjury that the statements made herein are to the best of my knowledge true and correct.

SIGNATURE: _____

NAME: _____

TITLE: _____

PHONE: _____

DATE: _____