



# City of Williamstown, KY Monthly Safety Assessment Report

Month/Year: November / 2017

Name: Ark Encounter LLC

Location Address: 1000 Eibeck Lane, Williamstown, KY 41097

1. Ticket Sales For Reporting Month 51,914
2. Safety Assessment Fee: Multiply Line 1 by \$0.50 \$ 25,957.00
3. Total Safety Assessment Fee Due 

\$ <u>25,957.00</u>
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*#6927  
12/22/17*

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

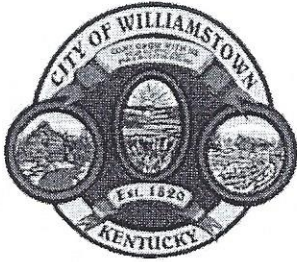
12/20/17  
Date

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 20<sup>TH</sup> 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](http://www.wtownky.org)



# City of Williamstown, KY Monthly Safety Assessment Report

Month/Year: December / 2017

Name: Ark Encounter LLC

Location Address: 1000 Eibeck Lane, Williamstown, KY 41097

1. Ticket Sales For Reporting Month	<u>36,472</u>	
2. Safety Assessment Fee: Multiply Line 1 by \$0.50	\$ <u>18,236.00</u>	
3. Total Safety Assessment Fee Due	<table border="1"><tr><td>\$ <u>18,236.00</u></td></tr></table>	\$ <u>18,236.00</u>
\$ <u>18,236.00</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

01/22/18

Date

Tom Hill

Print Name

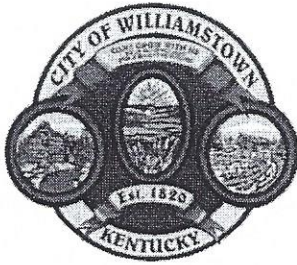
859-727-2222 Ext 242

Work Number

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c/o City Clerk, Vivian Link, P.O. Box 147, Williamstown, KY 41097  
**DUE DATE: THE 20<sup>TH</sup> OF THE FOLLOWING MONTH.**

Per Safety Assessment Fee Ordinance No. 2017-03

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# City of Williamstown, KY Monthly Safety Assessment Report


Month/Year: January/2018

Name: Ark Encounter LLC

Location Address: 1000 Eibeck Lane, Williamstown, KY 41097

- |   |                    |
|---|--------------------|
| 1. Ticket Sales For Reporting Month                 | <u>13,250</u>      |
| 2. Safety Assessment Fee: Multiply Line 1 by \$0.50 | \$ <u>6,625.00</u> |
| 3. Total Safety Assessment Fee Due                  | \$ <u>6,625.00</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

Feb 8, 2018  
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 20<sup>TH</sup> OF THE FOLLOWING MONTH.**

Per Safety Assessment Fee Ordinance No. 2017-03  
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# City of Williamstown, KY Monthly Safety Assessment Report

Month/Year: February/2018

Name: Ark Encounter LLC

Location Address: 1000 Eibeck Lane, Williamstown, KY 41097

- |   |                    |
|---|--------------------|
| 1. Ticket Sales For Reporting Month                 | <u>17,961</u>      |
| 2. Safety Assessment Fee: Multiply Line 1 by \$0.50 | \$ <u>8,980.50</u> |
| 3. Total Safety Assessment Fee Due                  | \$ <u>8,980,50</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.

*Tom Hill*  
Signature

March 15, 2018  
Date

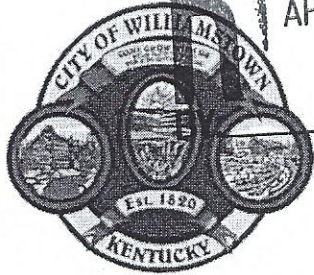
Tom Hill  
Print Name

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 20<sup>TH</sup> OF THE FOLLOWING MONTH.**

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City of Williamstown, KY  
Monthly Safety Assessment Report

Month/Year: March/2018

Name: Ark Encounter LLC

Location Address: 1000 Eibeck Lane, Williamstown, KY 41097

1. Ticket Sales For Reporting Month	<u>62,251</u>
2. Safety Assessment Fee: Multiply Line 1 by \$0.50	\$ <u>31,125.50</u>
3. Total Safety Assessment Fee Due	\$ <u>31,125.50</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.

*Tom Hill*  
Signature

April 10, 2018  
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 20<sup>TH</sup> OF THE FOLLOWING MONTH.**

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