

METROPOLITAN KNOXVILLE AIRPORT AUTHORITY
McGhee Tyson Airport
Knoxville Downtown Island Airport

Company Name: _____

Address: _____

Phone Number: _____

MONTHLY LICENSE FEE REPORT

For the Month of: _____, 20____.

Total Gross Revenue \$

Less Applicable Sales Tax (enter as negative number) \$ ()

Total Adjusted Gross Revenue (self calculating) \$

Total Amount Due To MKAA (self calculating) \$
(3% of Gross Revenue)

I certify the above to be true and correct as per the term of our agreement.

Signature

Date

Print Name

**IMPORTANT: Report and Payment are due on the 10th of each month
- Please Attach Check -**