

**CITY OF THORNTON QUARTERLY BAG FEE
ATTN: FINANCE DEPARTMENT
9500 CIVIC CENTER DRIVE
THORNTON, CO 80229
303-538-7400**

BUSINESS NAME: _____

LICENSE NUMBER: _____

REPORTING PERIOD: Quarter #_____, 2025

1 BAG COUNT _____

2 AMOUNT OF BAG FEE (line 1 multiplied by
\$0.10) _____

3 VENDOR FEE (40% of line 3) _____

4 NET FEE (subtract line 3 from line 2) _____

5 EXCESS BAG FEE COLLECTED _____

6 TOTAL (Line 4 plus line 5) _____

PAYMENT DUE BY 20TH OF MONTH FOLLOWING END OF REPORTING PERIOD

SIGNATURE: _____

NAME: _____

TITLE: _____

PHONE: _____

DATE: _____