



**FEE CALCULATION WORKSHEET**

**NOTE** ► PLEASE READ AND FOLLOW INSTRUCTIONS

<b>2</b> NAME OF BUSINESS		ADDRESS		CITY	
STATE	ZIP CODE	CONTACT PERSON		TELEPHONE NUMBER	

3 A FACILITY COUNTY OR ST. LOUIS CITY Alphabetically	B FACILITY NAME Alphabetically within County	C FACILITY STREET, CITY	D O R E		F REPORTABLE CHEMICALS # \$20 each after 3	G	H		I LESS COMBINED PETROLEUM	J CALCULATED AMOUNT D or E + G - I	K DPS USE X = _____
			Facility Type	Facility Type							
			Retail, Petroleum \$50	Other \$100	#	\$	#	\$	\$		
			\$	\$	#	\$	#	\$	\$		
			\$	\$	#	\$	#	\$	\$		
			\$	\$	#	\$	#	\$	\$		
			\$	\$	#	\$	#	\$	\$		
			\$	\$	#	\$	#	\$	\$		
			\$	\$	#	\$	#	\$	\$		
			\$	\$	#	\$	#	\$	\$		
			\$	\$	#	\$	#	\$	\$		
			\$	\$	#	\$	#	\$	\$		
			\$	\$	#	\$	#	\$	\$		

<b>9</b> <b>CERTIFICATION</b> <i>(Read and sign after completing all sections)</i>  I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.	<b>4</b> Total of Calculated Amount Column (J)	\$	<b>DPS USE ONLY</b>  Acct. Dist. 844-58701-1297  844-58701-1645  DATE
	<b>5</b> Subtract Federal Transportation Fees. Petroleum Business Certification (attached) must be completed to qualify.	-	
	<b>6</b> Base Amount Owed (See instructions)		
	<b>7</b> Late Charges (10% for receipt after March 1 plus 1% per month)		
	<b>8</b> <b>TOTAL AMOUNT OWED</b>	\$	

NAME AND OFFICIAL TITLE OF OWNER/OPERATOR OR OWNER/OPERATOR'S AUTHORIZED REPRESENTATIVE	SIGNATURE	DATE SIGNED
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