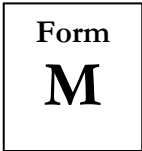


**INCOME AND EXPENSE QUESTIONNAIRE – CITY OF BATH, ME  
MARINAS  
FOR 12 MONTHS ENDING DECEMBER 31, 2023**



Return within 30 days to:  
Assessor's Office  
City of Bath  
55 Front Street  
Bath, ME 04530

**NOTE: THIS IS A TWO SIDED DOCUMENT**  
**NOTE: SIGNATURE IS REQUIRED ON SECOND PAGE**

**Parcel Location:** Bowery St  
**Parcel Map and Lot:** 21-227-001  
**Use Code:** 3840, Marina

**SECTION I: GENERAL DATA**

**1. Please check which of the following BEST DESCRIBES your marina operation:**

Marina	<input type="checkbox"/>	Dockominium/Cooperative	<input type="checkbox"/>
Dry Land Marina	<input type="checkbox"/>	Mixed Use	<input type="checkbox"/>
Boatyard	<input type="checkbox"/>	Winter storage	<input type="checkbox"/>
Marina/Boatyard	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Yacht Club	<input type="checkbox"/>		<input type="checkbox"/>
Park/Public Moorage	<input type="checkbox"/>		<input type="checkbox"/>

**2. Please provide a schedule of season and off-season rates for all facilities.**

**3. In water facilities – Please fill in all that apply:**

Type of Spaces:	Number of Slips:	Season Rate:
Open		
Covered		
Enclosed		
<b>Total</b>		

**4. Available utilities - Please check all that apply:**

Electricity 110 V	<input type="checkbox"/>
Electricity 220V	<input type="checkbox"/>
Water	<input type="checkbox"/>
Cable TV	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

**5. Launching facilities-Please check all that apply:**

Crane	<input type="checkbox"/>
Forklift	<input type="checkbox"/>
Hydraulic Trailer	<input type="checkbox"/>
Travel lift and Well	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

**6. Dry land facilities-Please check or complete all that apply:**

Dockside Services:	Chk	Boat/Auto Storage:	#	Additional Facilities:	Chk	Additional Facilities:	Chk
Office	<input type="checkbox"/>	Drystack		Overnight Dockage	<input type="checkbox"/>	Rental/Charter Svc.	<input type="checkbox"/>
Fuel Facilities	<input type="checkbox"/>	Other Indoor		Retail Store	<input type="checkbox"/>	Laundry	<input type="checkbox"/>
Engine Repair	<input type="checkbox"/>	Outdoor		Restaurant	<input type="checkbox"/>	Showers	<input type="checkbox"/>
Fiberglass Repair	<input type="checkbox"/>	Auto Spaces		Apartments	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>

**SECTION II: INCOME FROM ACTUAL SLIPS**

Please identify the number of slips by the length/width of slip and rental rate for each size category on a separate sheet. Also please indicate the rental basis (\$/LF; \$/Unit/Season).

**SECTION III: PRODUCT AND SERVICES INCOME FOR CALENDAR YEAR 2023**

Slips/Mooring available for Transients:	\$
Storage/Hauling	\$
Launch Service:	\$
Repair Service:	\$
Fuel/Oil Sales:	\$
Retail sales:	\$
Food service:	\$
Apartment/Lodging Income:	\$
Utility Charges:	\$
Other: _____	\$
<b>Total Annual Income:</b>	<b>\$</b>

**SECTION IV: EXPENSES FOR CALENDAR YEAR 2023**

If entering "Other," please describe.

Expense Type	Amount	Expense Type	Amount
1. Management Fee	\$	19. Maintenance Wages	\$
2. Legal/Accounting	\$	20. Maintenance Contract Fee	\$
3. Security	\$	21. Maintenance Supplies	\$
4. Payroll	\$	22. Maintenance Groundskeeping	\$
5. Group Insurance	\$	23. Maintenance Trash Removal	\$
6. Telephone	\$	24. Maintenance Snow Removal	\$
7. Advertising	\$	25. Maintenance Exterminator	\$
8. Commissions	\$	26. Maintenance Elevator	\$
9. Repairs Exterior	\$	27. Insurance (1 Year Premium)	\$
10. Repairs Interior	\$	28. Reserves for Replacement	\$
11. Repairs Mechanical	\$	29. Travel	\$
12. Repairs Electrical	\$	30. Other _____	\$
13. Repairs Plumbing	\$	31. Other _____	\$
14. Utilities Gas	\$	32. Other _____	\$
15. Utilities Oil	\$	<b>33. TOTAL (Add 1 through 32)</b>	<b>\$</b>
16. Utilities Electricity	\$	34. Real Estate Taxes	\$
17. Utilities Water	\$		
18. Utilities Sewer	\$		

**SECTION V: CONFIDENTIALITY AND SIGNATURE**

The information on this form is confidential and proprietary information under *M.R.S. Title 36 §706-A*.

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*Please print.*

Signature of owner or preparer: \_\_\_\_\_

Phone: \_\_\_\_\_ Date \_\_\_\_\_