

**INCOME AND EXPENSE QUESTIONNAIRE – CITY OF BATH, ME
GOLF COURSES
FOR 12 MONTHS ENDING DECEMBER 31, 2024**

Form

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Please return by June 30, 2025

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: 387 Whiskeag Road

Parcel Map and Lot: 16-018-000

Use Code: 3800: Golf Course

SECTION I: GENERAL DATA

Please check **YES** or **NO** to describe the Course Type, and enter information below:

Course Type	Y	N
Public		
Semi-Private		
Private		

Course Age:	
Course Yardage:	
Number of Holes:	
Slope:	
USGA Rating:	
Number of Rounds Played 2024:	

Available Amenities-Please check all that apply:

Practice Greens	
Driving Range	
Food/Beverage	
Function/Banquet Hall	
Pro Shop	
Other _____	
Other _____	

SECTION II: ANNUAL INCOME FOR CALENDAR YEAR 2024

Please fill in to determine annual income. If "Other", please describe:

Greens Fees/Guest Fees:	\$
Members' Dues:	\$
Golf Cart Rentals:	\$
Driving Range Charges:	\$
Total Merchandise Sales:	\$
Total Food and Beverage sales:	\$
Other Income: _____	\$
Other Income: _____	\$
Total Annual Income:	\$

NOTE: If any part of the facility is sub-let (restaurant, pro-shop, etc.), please describe and include lease terms on a separate sheet.

SECTION III: EXPENSES FOR CALENDAR YEAR 2024

- If entering amounts on lines 30, 31, or 32 (Other), please describe.
- Use lines 18.1 and 18.2 if septic system and water expenses are separated. Otherwise use line 18.

Expense Type	Amount	Expense Type	Amount
1. Management Fee	\$	18. Utilities Water/Septic (combined)	\$
2. Legal/Accounting	\$	18.1 Utilities Water	\$
3. Security	\$	18.2 Utilities Septic System	\$
4. Payroll	\$	19. Maintenance Wages	\$
5. Group Insurance	\$	20. Maintenance Contract Fee	\$
6. Telephone	\$	21. Maintenance Supplies	\$
7. Advertising	\$	22. Maintenance Groundskeeping	\$
8. Commissions	\$	23. Maintenance Trash Removal	\$
9. Repairs Exterior	\$	24. Maintenance Snow Removal	\$
10. Repairs Interior	\$	25. Maintenance Exterminator	\$
11. Repairs Mechanical	\$	26. Maintenance Elevator	\$
12. Repairs Electrical	\$	27. Insurance (1 Year Premium)	\$
13. Repairs Plumbing	\$	28. Reserves for Replacement	\$
14. Utilities Gas	\$	29. Travel	\$
15. Utilities Propane	\$	30. Other:_____	\$
16. Utilities Oil	\$	31. Other:_____	\$
17. Utilities Electricity	\$	32. Other_____	\$
		33. TOTAL (Add 1 through 32)	\$
		34. Real Estate Taxes	\$

If any holes have been created or significantly changed in the past 10 years, please describe, including estimated cost per hole of improvements: _____

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/Email: _____ Date _____