2974455556

COMMON AREAS IN INDIVIDUAL SHOPPING CENTERS AND SHOPPING MALLS

2008 Report Form

Account Number: ☐☐☐☐☐☐☐☐ Premise Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Report Period: ☐☐/☐☐/☐☐☐☐ - ☐☐/☐☐/☐☐☐☐

Section I. LIVE MUSIC PERFORMANCE OR MECHANICAL MUSIC PERFORMANCE WITH ACTS

If you are reporting live music or mechanical music with acts, complete this section, if not go to Section II.

A. Size of Shopping Center/Shopping Mall: _____ **Sq. ft.**

B. Enter each day(s) qualifying performance(s) as a single line entry*:

	Date	Name or Description of Performances	Daily ASCAP License Fee**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL: (Add lines 1 through 10, plus totals from any additional report forms, but not more than $3,097.00) $☐☐☐☐.☐☐

Section II. MECHANICAL MUSIC PERFORMANCES WITHOUT ACTS

Only to be completed during first quarter of each year.

If you are reporting mechanical music performances without acts, complete this Section. If not, got to Section III.

If you use a background music supplier licensed by ASCAP, enter their name and address.

Company Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Do you provide your own mechanical music? ○ Yes ○ No If "yes", complete the following, if "no" go to Section III.

Annual ASCAP Mech. License Fee**

1. Audio-Visual: Number of speakers _____ $_____
(Maximum license fee: $1,741.50)

2. Audio Only: Number of speakers _____ $_____
(Maximum license fee: $2,628.50)

TOTAL: (Add lines 1 and 2, but not more than $2,628.50) $☐☐☐☐.☐☐

Section III. TOTAL LICENSE FEES DUE (Add TOTALS from Sections I. and II.) $☐☐☐☐☐☐☐☐☐☐.☐☐

If you are reporting more than 10 days, or need additional forms, you may photocopy this form or contact us at 1-800-505-4052.
*Size of shopping center/shopping mall shall include all shopping center or shopping mall areas with the sole exception of parking areas.
**In calculating the ASCAP license fee, please refer to the Rate Schedule on the back of this form.

Contact Person & Title ☐☐

Phone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐ Ext: ☐☐☐☐☐ Fax Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Website: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I certify the above information is true and correct.

Dated: ☐☐/☐☐/☐☐☐☐ Signature: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ASCAP, 2675 Paces Ferry Rd. SE, Suite 350, Atlanta GA 30339-3913 1-800-505-4052 770-805-3475 (FAX)
Epayment Websites: http://www.ascap.com/gls_web or http://www.ascap.com