



INDIVIDUAL RV PARKS AND CAMPGROUNDS

2018 Statement of Licensee's Operating Policy

Account Number: _____ Premise Name: _____

Season: From: / / To: / /

I. COMPUTATION OF LICENSE FEE

1. 2018 Total Number of Campsites _____

1(a). 2018 Number of Campsites Annual Fee \$ _____
(See Paragraph 1.(A) of the Rate Schedule)

2. Total Annual Live Entertainment Cost During 2017 \$ _____

2(a). Annual Fee for Live Entertainment Costs \$ _____
(See Paragraph 1.(B) of the Rate Schedule)

OR

3. If line 2. is \$0.00 (ZERO), Estimate Annual Live Entertainment Costs for 2018 \$ _____

3(a). Annual Fee for Live Entertainment Costs \$ _____
(See Paragraph 1.(B) of the Rate Schedule)

II. TOTAL LICENSE FEE CALCULATION

Total License Fee Due *(Line 1(a). + 2(a). + 3(a).)* \$

| | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------|----------------------|--------|----------------------|-----------|----------------------|------------|----------------------|-------------|----------------------|---|----------------------|----------------------|----------------------|--|--|--|--|--|--|--|--|
| Contact Person & Title | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| Mail To Address: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| City: | <input type="text"/> | State: | <input type="text"/> | Zip Code: | <input type="text"/> | - | <input type="text"/> | | | | | | | | | | | | | | |
| Phone Number: | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | Ext: | <input type="text"/> | Fax Number: | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | | | | | | | | |
| Email: | <input type="text"/> | | | | | | | | | | Website: | <input type="text"/> | | | | | | | | | |
| I certify the above information is true and correct. | | | | | | | | | | | | | | | | | | | | | |
| Dated: | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | Signature: | <input type="text"/> | | | | | | | | | | | | | | |

ASCAP

Toll Free: 1-800-505-4052 Fax: 615-691-7795

Epayment Websites: <http://www.ascap.com/mylicense> or <http://www.ascap.com>