



# 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

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