LOCAL GOVERNMENT ENTITIES

2018 Report Form

Account Number: Premise Name:

SCHEDULE A: **Base License Fee** *(Due upon execution of Agreement and within 30 days of the Agreement's Renewal Date.)*

Population Size: ___,___,___ *(Per current U.S. Census Data)*

Base License Fee: $________.__ *(Please refer to Rate Schedule)*

SCHEDULE B: **Special Events*** *(Report and Payment due 90 days after the conclusion of each Special Event)*

Event Date (mm/dd/yyyy) (If More than 1 Event Per Day, Please Report As Separate Entries)	**Performer(s) Or Group(s) Appearing**	**Gross Revenue** Of Event** (Must Exceed $25,000)	**% Applies To Gross Revenue**	**Event Fee**	**Is A Program Of Musical Works Attached?** (Yes/No)	**If The Event Is Co-Sponsored** (Please Identify The Co-sponsor's Name, Address, Phone Number and ASCAP Account Number)
			x .01	**$**	O Yes O No	Name: Address: Phone No.: Account Number:
			x .01	**$**	O Yes O No	Name: Address: Phone No.: Account Number:
			x .01	**$**	O Yes O No	Name: Addre s: Phone No.: Account Number:

***"Special Events"** means musical events, concerts, shows, pageants, sporting events, festivals, competitions, and other events of limited duration presented by LICENSEE for which the "Gross Revenue" of such Special Event exceeds $25,000.

****"Gross Revenue"** means all monies received by LICENSEE or on LICENSEE'S behalf from the sale of tickets for each Special Event. If there are no monies from the sale of tickets, "Gross Revenue" shall mean contributions from sponsors or other payments received by LICENSEE for each Special Event.

SCHEDULE C: **State Municipal and/or County Leagues or State Associations of Attorneys**

Report Year: ____ Annual License Fee: $348.00 (Due within 30 days of Renewal Date.)

Total Fees Reported From Any or All of Schedules A, B or C: $__________.__

Contact Person & Title

Phone Number: ___-___-____ Ext: ____ Fax Number: ___-___-____

Email: Website:

I certify the above information is true and correct.

Dated: __/__/____ Signature:

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

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