# RETAIL STORE

***2018 Live Music Report Form***

Account Number: _____ Account Name: _____

**REPORTS ARE DUE QUARTERLY FOR THE PRIOR QUARTER**
**Jan 1 (Oct-Dec), Apr 1 (Jan-Mar), Jul 1 (Apr-Jun), Oct 1 (Jul-Sep)**

**PERFORMANCE OF LIVE MUSIC**

SCHEDULE II. Performance of live music (e.g., performances of live music in a cafe section of a book or record store), or performance of mechanical music with acts (e.g., a fashion show at which live models display clothes to the accompaniment of mechanical music).

| Store Name and Location | Date(s) | Name or Description of Events | Number of Performance Days |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Annual License Fee For Calendar Year 2019 and Thereafter**

The annual license fees set forth in the Rate Schedule will apply for the calendar year 2018. All rates (including the maximum rates) for each subsequent calendar year will be adjusted in accordance with the increase in the Consumer Price Index, All Urban Consumers (CPI-U) between the preceding October and the next preceding October.

**STATEMENT OF LICENSEE'S OPERATING POLICY**

Month(s) of: _____ Total Number of Days: _____

x $45.00

**Live Music Uses Total Fees Due:** $ _____ . __ *

*Maximum Annual Live Fee of $3,667.50 per location.

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 Website: http://www.ascap.com/mylicense or http://www.ascap.com**