



# COMMON AREAS IN INDIVIDUAL SHOPPING CENTERS AND SHOPPING MALLS 2018 Report Form

Account Number: \_\_\_\_\_ Account 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\*:

|    | <u>Date</u> | <u>Name or Description of Performances</u> | <u>Daily ASCAP License Fee**</u> |
|----|-------------|--|----------------------------------|
| 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 \$3,662.50**) \$ .

**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, go 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 Only: Number of speakers \_\_\_\_\_  
(Maximum license fee: \$2,059.50)

2. Audio-Visual: Number of speakers \_\_\_\_\_  
(Maximum license fee: \$3,108.00)

TOTAL: (Add lines 1 and 2, **but not more than \$3,108.00**) \$ .

**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                               | <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. |                      |   |                      |   |                      |            |                      |             |                      |   |                      |                      |                      |  | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |
| Dated:   | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | Signature: |                      |             |                      |   |                      |                      |                      |  |                      |  |  |  |  |  |  |  |  |  |  |

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

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