COMMON AREAS IN INDIVIDUAL SHOPPING CENTERS AND SHOPPING MALLS
2019 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*:

<table>
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<tr>
<th>Date</th>
<th>Name or Description of Performances</th>
<th>Daily ASCAP License Fee**</th>
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TOTAL: (Add lines 1 through 10, plus totals from any additional report forms, but not more than $3,755.00) $________.____

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?  O Yes  O 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: $2,111.50)

2. Audio-Visual: Number of speakers  ___________________________  ___________________________
   (Maximum license fee: $3,186.50)

TOTAL: (Add lines 1 and 2, but not more than $3,186.50) $________.____

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  ___________________________________________
Phone Number: _______ - _______ - _______ Ext: _______  Fax Number: _______ - _______ - _______
Email: ___________________________  Website: ___________________________

I certify the above information is true and correct.
Dated: __/__/_____  Signature: ___________________________