



INDIVIDUAL BOWLING CENTER

2021 Statement of Operating Policy

Account Number: _____ Account Name: _____

Name of Bowling Center: _____

OPERATING POLICY

1. Number of Bowling Lanes: _____
2. 2021 Fee Per Lane: **x \$31.30**
3. Annual Licensing Fee (Line 1 x Line 2): \$.*

* The minimum annual fee payable shall be \$364.00.

Contact Person & Title	<input type="text"/>																											
Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ext:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax Number:	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
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I certify the above information is true and correct.																												
Dated:	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Signature:	<input type="text"/>																			

ASCAP

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