



SPECIAL EVENTS 2021 Report Form

Account Number: _____

Premise Name: _____

*Reports are due thirty days after the end of each calendar quarter for events presented during the previous quarter.
A finance charge of 1.5% per month will be accessed on any required payment or report that is not made or submitted within thirty days of its due date.*

SCHEDULE I. Events With Mechanical Music:

Event Date(s) From: / To: / (MM/DD) (MM/DD) <small>(If reporting more than one Special Event, please report each as a separate line entry.)</small>	Event Type	Event Name	Event Location Name and Address (Street, Zip)	(A) No. of Days Event Was Held	(B) Event Fee Per Day	(C) Mechanical Music Fee Per Event (A) x (B)
					\$112.00	
					\$112.00	+
					\$112.00	+

Subtotal Mechanical Music Fee: \$ _____

SCHEDULE II. Live Entertainment:

Event Date(s) From: / To: / (MM/DD) (MM/DD) <small>(If reporting more than one Special Event, please report each as a separate line entry.)</small>	Event Type	Event Name	Event Location Name and Address (Street, Zip)	(A) Live Entertainment Costs	(B) If Direct or Indirect Admission Charge, % Applied to Live Entertainment Costs	(C) If No Admission or Similar Charge, % Applied to Live Entertainment Costs	(D) Live Entertainment Fee Per Event (A) x (B) or (A) x (C)
					.0175	.01	
					.0175	.01	+
					.0175	.01	+

Subtotal Live Entertainment Fee: \$ _____

TOTAL LICENSE FEES:

SCHEDULE I. Subtotal: \$ _____ + SCHEDULE II. Subtotal: \$ _____ = Total Fees Due: \$ _____

Specify quarter(s) with no events: 1st 2nd 3rd 4th Year: _____ Other Year's Quarters: _____

NOTE: To report a Benefit Event, please phone 1-800-505-4052 to request the appropriate form.

Contact Person & Title: _____	I certify the above Information is true and correct.
Phone Number: _____ - _____ - _____ Ext: _____ Fax Number: _____ - _____ - _____	
Report for the Quarterly Period: _____ Dated: ____/____/____	Signature: _____
Email: _____ Website: _____	