



BMI®  
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 Nashville, TN 37203  
 1-877-264-2137  
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# Venue

## Events With Paid Admission Report Form – Schedule A

**VEN1**

LI-09/05-VEN1

**ACCOUNT NAME/ADDRESS:**

  
  
  

Check if new address and correct above

**THIS STATEMENT IS TO BE SUBMITTED ON OR BEFORE:** \_\_\_\_\_

**FOR PERIOD OF:** \_\_\_\_\_ **ENDING ON** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

Concert Date	Number of Shows Per Day	Headliner	Venue Information	Seating Capacity	A. Gross Ticket Sales	B. Fee Rate %	C. Attraction Fee (A x B = C)
			(Name) (City) (State)				
<b>Responsible Party:</b>			<b>Identify Responsible Party:</b>				
<input type="checkbox"/> Promoter <input type="checkbox"/> Co-Promoter <input type="checkbox"/> No BMI Music <input type="checkbox"/> Venue			(Name) _____ (Phone) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____				

Concert Date	Number of Shows Per Day	Headliner	Venue Information	Seating Capacity	A. Gross Ticket Sales	B. Fee Rate %	C. Attraction Fee (A x B = C)
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**This Form Should Include All Events Even If Co-Promoted**

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			(Name) (City) (State)				
<b>Responsible Party:</b> <input type="checkbox"/> Promoter <input type="checkbox"/> Co-Promoter <input type="checkbox"/> No BMI Music <input type="checkbox"/> Venue			<b>Identify Responsible Party:</b> (Name) _____ (Phone) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____				

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			(Name) (City) (State)				
<b>Responsible Party:</b> <input type="checkbox"/> Promoter <input type="checkbox"/> Co-Promoter <input type="checkbox"/> No BMI Music <input type="checkbox"/> Venue			<b>Identify Responsible Party:</b> (Name) _____ (Phone) _____ (Address) _____ (City) _____ (State) _____ (Zip) _____				

If Benefit or No Charge Attraction, please contact us at 1-877-264-2137 and we will send you the appropriate form for reporting based on the following:

With respect to events for which there was No Charge or "Benefit Events", BMI hereby invokes its right to "verify such data that is required to be furnished by LICENSEE....." pursuant to Paragraph 3 of your BMI Agreement. Accordingly, if you presented any Attraction which was held to raise money for a specific person or cause and all the proceeds net of expenses were donated to the individual or a charitable organization specifically representing the cause, the following information is required: (a) evidence of gross receipts; (b) evidence of expenses; (c) evidence of payment to a specific individual or charitable organization. Note: The "Charitable Organization" to which proceeds are donated can not be Licensee.

**IF MORE SPACE IS NEEDED, PLEASE MAKE COPIES OF THIS DOCUMENT**

SCHEDULE A EVENTS WITH PAID ADMISSION			
Seating Capacity		% of Gross Ticket Revenue	
0	to	2,500	0.80%
2,501	to	3,500	0.60%
3,501	to	5,000	0.40%
5,001	to	9,999	0.30%
<b>Minimum Annual Fee is \$211</b>			

<b>SUBMITTED BY:</b>	
<b>X</b>	Signature _____
	Print Name / Title _____
	Date _____