



For Restaurants, Cafés, Bars, Lounges (including Gaming Lounges), and similar premises/enterprise

SECTION A – GENERAL INFORMATION DATE:

BUSINESS NAME: CONTACT PERSON:
 TELEPHONE #: FAX #:
 BUSINESS ADDRESS: EMAIL:

SECTION B – BACKGROUND MUSIC

Name of Establishment/Branch	Type of Establishment	Commencement Date	Seating/Person Capacity	Avg. Attendance Per Day

TOTAL NUMBER OF BUSINESS DAYS FOR THE YEAR

TOTAL AREA OF PREMISES WHERE MUSIC IS USED (SQ/FEET):

TYPE OF EQUIPMENT USED TO PLAY SOUND RECORDINGS:

CD Player
 Cassette Deck/Turntable
 Traditional Radio
 Satellite Radio
 Audio Jukebox
 Other

SECTION C – SPECIALLY FEATURED ENTERTAINMENT

1. Name of Event	Type of Event	No. of Events Per Year	Hrs of Record Use per Event	1. Avg. Attendance per event 2. Entry Fee
1.				1.
2.				2. J\$
1.				1.
2.				3. J\$
2.				2. J\$

SECTION D – OTHER SOUND SYSTEMS

Do you use television at the premises in customer/patron areas? Please tick box Yes No

If yes how many television screens/sets?

SECTION E – FURTHER INFORMATION

Please provide details of any additional use of sound recordings not covered in Section B/C/D

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NAME AND SIGNATURE:...../.....

POSITION OF SIGNATORY:

DATE:

SECTION C CONTINUED (WHERE NEEDED)

1. Name of Event	Type of Event	No. of Events Per Year	Hrs of Record Use per Event	1. Avg. Attendance per event
2. Date of Event				2. Entry Fee
1.				1.
2.				2. J\$
1.				1.
2.				3. J\$
1.				1.
2.				2. J\$