



CITY OF SEATTLE
Mike McGinn Mayor

Regulatory Services & Operations
700 5th Avenue Suite 4250
P.O. Box 34214
Seattle, WA 98124-4214
(206) 684 8484

Customer Number: _____

Liquor License Number: _____

**LIVE MUSIC VENUE
REPORTING FORM
Admission Tax Exemption
(SMC CHAPTER 5.40.028)**

4th QUARTER 2011 REPORTING FORM
Period: Oct, Nov, Dec 2011
Due Date: January 31, 2012

NIGHTCLUB BUSINESS INFORMATION

Venue/Nightclub Name:		
Address:	Zip Code:	Phone #:
Name of Owner:		
Name of Venue AUTHORIZED AGENT:		
Agent Title:	Agent Phone #:	

1. The venue premise must maintain all required licenses and permits. Please provide the license and/or permit numbers for the following (if necessary for your business):

City of Seattle Business License: _____ King County Public Health Permit: _____
 WA State Business License: _____ Annual Assembly Permit: _____
 Liquor License: _____ Street Use Permit: _____

Live Music Performances

2. The nightclub premise must provide live music on at least 3 separate days every week. Please enter the actual number of live music performances **per week**. (Live Music Venue Reporting Spreadsheet must be attached)

Week #1: _____ #4: _____ #7: _____ #10: _____ #13: _____
 #2: _____ #5: _____ #8: _____ #11: _____ 13 Week Total
 #3: _____ #6: _____ #9: _____ #12: _____

Live Music Performances (con't)

3. The nightclub premise must provide not less than 16 individual performances every week. Please enter actual number of individual musician performers **per week**. (Live Music Venue Reporting Spreadsheet must be attached)

Week #1:	_____	#4:	_____	#7:	_____	#10:	_____	#13:	_____
	#2:	_____	#5:	_____	#8:	_____	#11:	_____	13 Week Total
	#3:	_____	#6:	_____	#9:	_____	#12:	_____	_____

4. The following information is gathered for reporting purposes only, and is not required as a condition of your exemption. Please enter the actual number of **local** (WA State based) individual musicians hired per week.

Week #1:	_____	#4:	_____	#7:	_____	#10:	_____	#13:	_____
	#2:	_____	#5:	_____	#8:	_____	#11:	_____	13 Week Total
	#3:	_____	#6:	_____	#9:	_____	#12:	_____	_____

I HEREBY CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THIS INFORMATION IS TRUE AND CORRECT (RCW 9A.72.085). I UNDERSTAND THAT FILING A FALSE REPORT IS GROUNDS FOR CANCELLATION OF THE ADMISSION TAX EXEMPTION.

Signature of Owner or Authorized Agent: _____ / / _____
Date

MAIL ORIGINAL completed report and required documentation to:

Attn: Brenda Strickland
City of Seattle – Regulatory Services & Operations
PO Box 34214
Seattle, WA 98124-4214

For office use only: PERF _____ - MUS _____