



CITY OF SEATTLE
 Gregory Nickels Mayor
Revenue and Consumer Affairs Division
 700 5th Avenue Suite 4250
 P.O. Box 34214
 (206) 684 8484

Customer Number: _____

Liquor License Number: _____

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

3rd QUARTER 2009 REPORTING FORM

Period: Jul, Aug, Sept 2009

Due Date: October 31, 2009

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

Live Music Performances

1. 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**. (Supporting documentation must be attached)

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

2. The nightclub premise must provide not less than 16 individual performances every week. Please enter the actual number of musicians **per week**. (Supporting documentation must be attached)

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

3. The following information is gathered for reporting purposes only. Please enter the actual number of ***local*** musicians **per week**.

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

4. The nightclub premise must maintain all required licenses and permits. Current licenses have been maintained for this reporting period. Please provide the license and/or permit numbers for the follow:

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

Additional Reporting Information

Persons other than the venue owner operating on this premise (promoters):

True Name : _____ Seattle Business License #: _____
True Name : _____ Seattle Business License #: _____
True Name : _____ Seattle Business License #: _____
True Name : _____ Seattle Business License #: _____

Attach additional sheet if necessary

Did your venue provide any of the following during this reporting period? Check all that apply.

Dance Floor Outdoor Seating Rooftop Deck Open Mic All Age Dance
 Food Service Smoking Area

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.

Signature of Owner or Authorized Agent: _____ / /
Date

MAIL ORIGINAL completed report and required documentation to:

Attn: Brenda Strickland
City of Seattle – Revenue & Consumer Affairs
PO Box 34214
Seattle, WA 98124-4214

For office use only: PERF _____ - MUS _____