

CITY OF CINCINNATI
TREASURY DIVISION, ROOM 202, CITY HALL
801 PLUM STREET
CINCINNATI, OHIO 45202-1986

APPLICATION FOR EXEMPTION FROM COLLECTION OF ADMISSIONS TAX

Complete all blanks – Write N/A if not applicable.

Name of Applicant _____ (Phone) _____

Address _____
(Street) (City) (State) (Zip Code)

State the officers of the above organization:

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>ZIP CODE</u>	<u>BUS. PHONE NO.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name, address, zip code & phone number of person or organization conducting the event(s) _____

Name, address, zip code & phone number of booking agent and promoter (if any) _____

Type of event or entertainment (dance, concert, etc.) _____

Location where event will take place (name/address) _____

Date(s) of event(s) From _____ To _____
This exemption, if granted, applies only to these dates

Attached as a part of this application:

- _____ Contract with booking agent or promoter
- _____ Contract with performers
- _____ Literature and/or certificate of incorporation indicating nature of the event and/or the beneficiary

To whom will the benefits inure? (Is the applicant the beneficiary? _____ If not, please complete the Certificate of Beneficiary. For more than one beneficiary list each on back with percentage or amount of receipts to be distributed to each.)

(Name of Beneficiary) (Address of Beneficiary)

Exemption is claimed on the ground that the beneficiary is:

- _____ Charitable Organization _____ Church or Church Affiliate
- _____ Scholarship (Specify educational organization) _____ Other (Explain) _____

Beneficiary is exempt from:

- _____ Real Estate Tax _____ Personal Property Tax
- _____ State Sales Tax _____ Federal Income Taxes

Will the ticket sales be handles by this applicant? _____ By a ticket agency? _____

Name of the ticket agency: _____

Is the agreement with the promoter, producer, performer, lecturer, or other for a flat fee? _____ Yes _____ No

If yes, how much? \$ _____

Is the agreement on a percentage basis? _____ Yes _____ No; If yes, is there a minimum guarantee? _____ Yes _____ No

If yes, how much? \$ _____ Percentage to Promoter _____ %

This is an application for exemption from admission tax. If this exemption is not granted, an application for an Admission Tax License will be completed by the undersigned. I understand that all books and records, box office statements, ticket stubs, and unsold tickets are subject to audit for a period of 3 years subsequent to the event.

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief it is true, correct and complete; the beneficiary named is entitled to the proceeds.

(Date) (Signature of Above Named Officer) (Title)

CERTIFICATE OF BENEFICIARY

Complete the certificate below only when the beneficiary is an organization other than the applicant.

This is to certify that _____, organized for

(Name of person or organization)

will conduct _____, for benefit of

(Purpose of Organization)

(Kind of entertainment)

_____ on _____ and that the statements by the applicant relating to the

(Name of beneficiary)

(Date)

beneficiary are true.

Signed _____
(Name of Beneficiary)

Subscribed and sworn to me before

This _____ day of _____

By _____
(Officer or Authorized Agent)

Notary Public

Address _____

THIS PORTION FOR USE OF THE TREASURY DIVISION, CITY OF CINCINNATI

ABOVE EXEMPTION GRANTED _____ FOR PERIOD REQUESTED

(Date)

REASON FOR GRANTING EXEMPTION _____

City Treasurer