



APPLICATION FOR EXEMPTION FROM COLLECTION OF ADMISSIONS TAX

Applicant _____ Phone _____

Mailing Address _____
Street or P.O. Box _____ City _____ State _____ Zip Code _____

Email Address _____

Person or organization conducting the event(s):

Name _____ Title _____

Address _____ Email _____

Phone _____

Name _____ Title _____

Address _____ Email _____

Phone _____

Booking agent and Promoter (if any):

Name _____ Title _____

Address _____ Email _____

Phone _____

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.

Is the applicant the sole and exclusive beneficiary of the admissions to be sold? Yes No

If the applicant is not the beneficiary or the sole beneficiary, complete the Certificate of Beneficiary at the end of this application. For more than one beneficiary list each on the certificate's back with the percentage or amount of receipts to be distributed to each.

Exemption is claimed on the ground that the beneficiary is:

Charitable Organization Church or Church Affiliate Scholarship (Specify in Other below)

Other (Explain) _____

Beneficiary is exempt from:

Real Estate Tax Personal Property Tax

State Sales Tax Federal Income Taxes

How will the ticket sales be managed? By the applicant By a ticket agency (Provide name below)

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, Percentage to Promoter _____%

Is there a minimum guarantee? Yes No
If yes, how much? \$ _____

Beginning Ticket Sales Date _____

Are you currently receiving direct or indirect monetary support for operating expenses from the City of Cincinnati?
Yes No

Are you planning to apply for operating support with the City of Cincinnati?
Yes No

ANY FALSE STATEMENT MADE IN THIS APPLICATION SUBJECTS THE APPLICANT TO PROSECUTION FOR PERJURY AND WILL RESULT IN THE REVOCATION OF ANY EXEMPTION GRANTED PURSUANT HERETO.

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. If granted, the exemption applies exclusively and strictly to admissions to the event or events, and for the period, specifically described in this application. It is the applicant's responsibility to immediately notify the Treasury Division if any of the information in this application changes.

Applicant understands that all books and records relating to admissions activity are subject to audit. Such records shall be preserved for a period of three years from the date of admission, unless the treasurer shall in writing consent to their destruction within that period or in writing require that they be kept longer.

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, accurate, and complete, and that the beneficiary or beneficiaries named are entitled to the proceeds.

_____ (Date) _____ (Authorized Signature) _____ (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

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

ABOVE EXEMPTION GRANTED _____ FOR PERIOD REQUESTED
(Date)

REASON FOR GRANTING EXEMPTION _____

REASON FOR DENYING EXEMPTION _____

City Treasurer