

NON-PROFITMAKING – NO SHARE CAPITAL – LIMITED BY GUARANTEE – AFFILIATED TO  
THE INTERNATIONAL CONFEDERATION OF COPYRIGHT SOCIETIES – CISAC

31609, BRAAMFONTEIN 2017  
"ACISUM" 4-24653 SA  
(011) 489-5000 FAX (011) 403-1934

## Application for a Copyright Music Licence

(THIS APPLICATION WILL BECOME YOUR LICENCE SPECIFICATION – PLEASE PRINT CLEARLY)

**B**

<p>PHYSICAL ADDRESS</p> <p>VAT Reg. No. _____</p> <p>Name of owner (Co. CC, etc.) _____</p> <p>Building/Floor _____</p> <p>Street _____</p> <p>Suburb _____</p> <p>City/Town _____ Postcode _____</p> <p>Telephone _____ Telefax _____</p> <p>Contact person _____</p> <p>E-mail: _____</p>	<p><b>LICENSEE DETAILS</b></p> <p>Not registered <input type="checkbox"/> Applied for <input type="checkbox"/></p> <p>CORRESPONDENCE ADDRESS</p> <p>_____</p> <p>_____</p> <p>_____ Postcode _____</p> <p>Town _____</p> <p>Attention _____</p> <p>Title _____</p>
---	--

<p><b>PREMISES DETAILS</b></p> <p>PHYSICAL ADDRESS</p> <p>Trading name _____</p> <p>Building/Floor _____</p> <p>Street _____</p> <p>Suburb _____</p> <p>City/Town _____ Postcode _____</p> <p>Telephone _____ Telefax _____</p> <p>Contact person _____</p> <p>Website _____</p>	<p><b>FOR OFFICE USE ONLY</b></p> <p>NUMBER OF PREMISES <input type="text"/> NUMBER OF LICENCES <input type="text"/> LEVEL <input type="text"/></p> <p>LYR <input type="text"/> AREA <input type="text"/> SAL <input type="text"/> LAN <input type="text"/></p> <p>NEW LIC. NUMBERS <input type="text"/></p> <p>TARIFFS <input type="text"/></p> <p>DATE FRM <input type="text"/> INT <input type="text"/> MUS <input type="text"/></p> <p>EXISTING FILE NOS. <input type="text"/> STATUS <input type="checkbox"/></p> <p>ORG <input type="text"/> AGT <input type="text"/> AREA <input type="text"/> INS <input type="text"/> ESTBL <input type="text"/> NEW FILE NUMBER <input type="text"/></p>
--	--

**KINDLY COMPLETE EACH SECTION BELOW, WHERE APPLICABLE**

**NATURE OF ESTABLISHMENT (MARK WITH AN X)**

<input type="checkbox"/> <b>A</b> SHOP STORE	<input type="checkbox"/> <b>E</b> LIBRARY	<input type="checkbox"/> <b>I</b> FITNESS CENTRE
<input type="checkbox"/> <b>B</b> OFFICE	<input type="checkbox"/> <b>F</b> AMUSEMENT ARCADE/PARK	<input type="checkbox"/> <b>J</b> DANCE SCHOOL
<input type="checkbox"/> <b>C</b> FACTORY/WORKSHOP	<input type="checkbox"/> <b>G</b> MEDICAL FACILITY	<input type="checkbox"/> <b>K</b> HAIRDRESSING SALONS
<input type="checkbox"/> <b>D</b> SHOPPING CENTRE	<input type="checkbox"/> <b>H</b> GYMNASIUM	<input type="checkbox"/> <b>L</b> OTHER (specify) _____

TYPE OF MUSIC USED:  RADIO  TV  TAPE  RECORD  CD  OTHER

**1. PREMISES INDICATED A TO F ABOVE**

**1.1 BACKGROUND MUSIC (COMPLETE BOTH AREA AND EMPLOYEE SECTIONS)**

FLOOR SPACE OF AREA TO WHICH PUBLIC IS ADMITTED AND IN WHICH MUSIC IS PLAYED

Supermarket	m <sup>2</sup>	Ground Floor	m <sup>2</sup>	Other	m <sup>2</sup>
Record Bar	m <sup>2</sup>	First Floor	m <sup>2</sup>		
Showroom	m <sup>2</sup>	Second Floor	m <sup>2</sup>		

MUSIC AUDIBLE TO:  EMPLOYEES, ON  DAYS PER WEEK, FOR  WEEKS PER YEAR, FOR  HOURS PER DAY.

**1.2 FUNCTIONS WITH MUSIC**

NATURE OF ENTERTAINMENT	ESTIMATED NO. P.A.	ATTENDANCE	NATURE OF ENTERTAINMENT	ESTIMATED NO. P.A.	ATTENDANCE
Fashion Shows			Film Shows		
Concerts			Parties (i.e. Xmas/Children)		
Promotions			Other:		

**2. MEDICAL FACILITIES, G OVERLEAF – AREAS WHERE MUSIC IS AUDIBLE**

ROOM	SQ. METRES	SEATING	ROOM	SQ. METRES	SEATING	ROOM	SQ. METRES	SEATING
Waiting Room 1			Surgery 2			Malls		
Waiting Room 2			Theatre 1			Other:		
Reception			Theatre 2					
Surgery 1			Halls					

MUSIC AUDIBLE TO:  EMPLOYEES, FOR  HOURS PER DAY, ON  DAYS PER ANNUM

**3. GYMNASIA & FITNESS CENTRES, H & I OVERLEAF (AEROBICS & CIRCUIT TRAINING)**

AEROBICS: NUMBER OF CLASSES PER WEEK  NUMBER OF PERSONS PER CLASS  NUMBER OF WEEKS PER ANNUM

BACKGROUND MUSIC (i.e. DURING CIRCUIT OR WEIGHT TRAINING) **COMPLETE SECTION 1 OVERLEAF**

**4. DANCE SCHOOLS STUDIOS, J OVERLEAF**

TYPE OF DANCING TAUGHT:  BALLET  MODERN  TAP  OTHER (specify) \_\_\_\_\_

NUMBER OF DAYS PER ANNUM CLASSES ARE GIVEN  NUMBER OF STUDENTS PER CLASS

APPLICANT IS A MEMBER OF OR AFFILIATED TO:  SADTA  CECCHETTI  RAD  OTHER (specify) \_\_\_\_\_

ESTIMATED GROSS ANNUAL REVENUE FROM TUITION FEES: R \_\_\_\_\_

**5. HAIR SALONS/WAITING ROOMS, K OVERLEAF**

TOTAL SEATING CAPACITY

**6. MUSIC ON HOLD**

STATE NUMBER OF INCOMING TELCOM TELEPHONE LINES

**7. AUDIO-VISUAL PRESENTATIONS**

ESTIMATED NUMBER OF PRESENTATIONS PER ANNUM  AVERAGE ATTENDANCE PER PRESENTATION

IF BACKGROUND MUSIC OR VIDEO SERVICE USED – NAME AND ADDRESS OF SUPPLIER: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remarks – Please provide any additional details you wish to bring to our attention: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/We hereby declare that all particulars and answers in this application are completed and correct and no material fact has been withheld. (I/We agree that it shall form the basis of the licence issued.)

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Capacity \_\_\_\_\_

**AUTHORISED SIGNATORY**

Name \_\_\_\_\_ Capacity (Director, Owner, Proprietor, Member, etc.) \_\_\_\_\_