



SCHEDULE A for the YEAR 2019
STATEMENT OF JUKEBOXES OWNED OR OPERATED
AND MADE AVAILABLE FOR PUBLIC PERFORMANCE

Company Name: _____
 Owner/Operator Name: _____
 Address: _____ Telephone: _____
 City/State/Zip Code: _____ FAX : _____
 Email address: _____

	<u>Number of Jukeboxes</u>		<u>Fee Per Jukebox</u>		<u>Total</u>
1 st Jukebox	1	x	\$ 507	=	\$ 507
Each Additional Jukebox	_____	x	\$ 117	=	\$ _____
TOTAL NUMBER OF JUKEBOXES:	_____		TOTAL FEES DUE:		\$ _____

AMUSEMENT & MUSIC OPERATORS ASSOCIATION RATE:

(complete this section ONLY if you are an AMOA member)

AMOA-JLO Identification Code*: _____ **AMOA RATE EXPIRES 3/15/2019!**

	<u>Number of Jukeboxes</u>		<u>Fee Per Jukebox</u>		<u>Total</u>
1 st Jukebox	1	x	\$ 507	=	\$ 507
Each Additional Jukebox	_____	x	\$ 86	=	\$ _____
TOTAL NUMBER OF JUKEBOXES:	_____		TOTAL FEES DUE:		\$ _____

* In order to qualify for the AMOA member rate, a valid AMOA-JLO Identification Code assigned to LICENSEE must accompany Schedule "A". **AMOA RATE EXPIRES 3/15/2019**

ANNUAL LICENSE FEE FOR CALENDAR YEAR 2008 AND THEREAFTER

The annual license fee hereunder for each calendar year commencing 2008, shall be the license fee for the preceding calendar year adjusted in accordance with the increase in the Consumer Price Index, Bureau of Labor Statistics, All Urban Consumers - (CPI-U) between the preceding October and the next preceding October.

CERTIFICATION

I hereby certify that the foregoing Statement of Jukeboxes Owned or Operated and Made Available for Public Performance is true and correct as of this ____ day of _____, 20__ and permit the Jukebox License Office to disclose the information contained herein as necessary.

LICENSEE: _____
 (Signature in ink)

Print Name and Title: _____

Please make checks payable to: Jukebox License Office.

2 Music Square West • Nashville, TN 37203 • 615-727-5366
 FAX 615-691-7673 • www.jukeboxlicense.org