A. Licensee Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company or Proprietor name:  (Please provide limited company name or details of sole trader/partnership as applicable) |  | | Company Reg.no:  (as appears on Bermuda Registrar of Companies certificate) | |  |
| Postal address: |  | | | | |
| Primary contact name: |  | Position: | |  | |
| Telephone number: |  | E-Mail: | |  | |

B. Premises Details

|  |  |  |  |
| --- | --- | --- | --- |
| Premises Name: |  | | |
| Address: |  | | |
| Telephone number: |  | E-Mail: |  |
| Website: |  | | |

C.1) Background music in staff areas

*Please provide:*

|  |  |  |  |
| --- | --- | --- | --- |
| Areas where music is used. *(such as office areas, factory floors, canteens etc.)* | Number of employees | Working days per annum | Hours of operation per day |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

C.2) Background music in miscellaneous areas

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Area name or description** | **Seating capacity** | **Sources audible in this room**  *(please source(s) of music as appropriate)* | | | | | |
| *(please enter name or type of room e.g. Reception area, waiting rooms, meeting rooms)* | *(please provide area in square feet)* | Terrestrial  TV | Cable/  Satellite TV | Radio | CD Player/  Digital Music Device | Music Centre/  Hi-Fi System | Video Player |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

C.3.) Music on hold

|  |  |
| --- | --- |
| Please provide the number of external lines with music on hold. |  |

C.4.) Staff gyms

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Area name or description** | **Seating capacity** | **Sources audible in this room**  *(please source(s) of music as appropriate)* | | | | | |
| *(please enter name or type of room e.g. workout area, weights room)* | *(please provide area in square feet)* | Terrestrial  TV | Cable/  Satellite TV | Radio | CD Player/  Digital Music Device | Music Centre/  Hi-Fi System | Video Player |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Music in aerobic and/or other forms of fitness classes

*Please provide the area name and the number of aerobic, keep fit and dancing classes per annum*

|  |  |
| --- | --- |
| **Area name or description** | **Number of classes/events** |
|  |  |
|  |  |
|  |  |
|  |  |

**D. Additional Information**

|  |
| --- |
|  |

**D.1)** Please provide any additional music usage information appropriate to this application below (For example corporate events and presentations where music is used – please provide capacity and number of sessions per year)