



**APPLICATION FOR EXEMPTION FROM COLLECTION OF ADMISSIONS TAX (CHAPTER 187)**

THE CITY OF  
**CANTON**  
Kim R. Perez, Treasurer

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

NAME OF APPLICANT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**STATE THE OFFICERS OF THE ABOVE ORGANIZATION:**

TITLE \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_ BUS. PHONE NO. \_\_\_\_\_

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

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:**

- \_\_\_\_\_ CHARGE FOR RENTAL /SERVICES AND THOSE NOT USING ARE ADMITTED FOR FREE (187.04(A))
- \_\_\_\_\_ CHARITABLE ORGANIZATION (187.04(A)(1)) \_\_\_\_\_ MILITARY ORGANIZATION(187.04(A)(2) OR (3))
- \_\_\_\_\_ SMALL CAPACITY LIVE BENEFIT (187.04(A)(6)) \_\_\_\_\_ POLICE & FIRE BENEFIT (187.04(A)(4))
- \_\_\_\_\_ CCSD OR BOARD OF ED (187.04(A)(7))

**BENEFICIARY IS EXEMPT FROM:**

- \_\_\_\_\_ REAL ESTATE TAX \_\_\_\_\_ PERSONAL PROPERTY TAX
- \_\_\_\_\_ STATE SALES TAX \_\_\_\_\_ FEDERAL INCOME TAXES

**WILL THE TICKET SALES BE HANDLED 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 agree to provide an itemized statement as required by Canton City Code 187.04(e) within 30 days after the last day of the event. I understand that all books and records, box office statements, ticket stubs, and unsold tickets are subject to audit for a period of 6 years subsequent to the event. I verify that the event for which exemption is claimed is not an event described in Canton City Code 187.04(b), (c), (d). 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 PURPOSE OF ORGANIZATION

will conduct \_\_\_\_\_, for benefit of \_\_\_\_\_  
KIND OF ENTERTAINMENT NAME OF BENEFICIARY

on \_\_\_\_\_ and that the statements by the applicant relating to the beneficiary are true.  
DATE

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 CANTON**

ABOVE EXEMPTION GRANTED \_\_\_\_\_ FOR PERIOD REQUESTED  
DATE

REASON FOR GRANTING EXEMPTION \_\_\_\_\_

\_\_\_\_\_  
CITY TREASURER