

USER NUMBER
(filled in by IPF, k.o.)



Zavod za uveljavljanje pravic
izvajalcev in proizvajalcev
fonogramov Slovenije, k.o.

COMMUNICATION OF PHONOGRAMS (e.g. MUSIC) TO THE PUBLIC LICENSE APPLICATION

Complete the form in capital letters. Only the forms with correct, legible and complete data shall be processed. Complete a separate form for each of your business units.

I. COMPANY DATA

Name:

Address (street and no.,
postcode, city/town):

Tax ID number:

Phone number:
Mobile phone number:

E-mail address:

Legal representative:

Invoicing period: monthly quarterly semi-annual annual

Would you like to receive e-invoices in your online bank? YES NO If YES, please state your business bank account no.:

Would you like to receive invoices by e-mail? YES NO If YES, please state your e-address:

II. BUSINESS UNIT DATA

Name:

Address (street and no.,
postcode, city/town):

Cadastral municipality:

Parcel no.:

Building unit no. (according to GURS):

Apartment or business premises no. (according to GURS):

III. DO YOU PLAY/ INTEND TO PLAY RECORDED MUSIC IN THIS BUSINESS UNIT?

YES NO

If YES, please continue completing the form. If NO, please continue by stating you data in section X. at the next page.

IV. START DATE (of playing recorded music):

V. TYPE OF BUSINESS (mark as appropriate):

- | | | |
|---|---|--|
| <input type="checkbox"/> Shop | <input type="checkbox"/> Workshop | <input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/> |
| <input type="checkbox"/> Hair or beauty salon, sauna | <input type="checkbox"/> Business premises with mass customer access (office, hallway, staircase) | |
| <input type="checkbox"/> Bar, café, coffee house | <input type="checkbox"/> Rooms, apartments rental. No. of rooms: | |
| <input type="checkbox"/> Sweet shop | <input type="checkbox"/> Hotel or similar establ. No. of rooms: | |
| <input type="checkbox"/> Restaurant, inn, pizza restaurant, snack bar, self-service restaurant, fast food | <input type="checkbox"/> Swimming pool complex. Area (m2): | |
| <input type="checkbox"/> Nightclub, discothèque | <input type="checkbox"/> Car park. Number of spaces: | |
| | <input type="checkbox"/> Other: | |

It is mandatory you complete also the next page.

VI. YOU PLAY/ INTEND TO PLAY RECORDED MUSIC BY MEANS OF (you can choose more than 1 device):

<input type="checkbox"/> Radio	<input type="checkbox"/> Karaoke or jukebox
<input type="checkbox"/> CD/DVD player	<input type="checkbox"/> DJ events. How many times per month? <input type="text"/>
<input type="checkbox"/> Hi Fi system	<input type="checkbox"/> Computer/ internet
<input type="checkbox"/> TV	<input type="checkbox"/> Other (specify): <input type="text"/>

VII. AREA AND OPENING HOURS

Please enter the size of the area intended for the customers in which recorded music is/ will be played (please exclude the kitchen, storage room, etc.), the number of chairs available, and maximum number of customers.

Area (m2):	<input type="text"/>
Nuber of chairs:	<input type="text"/>
Number of customers:	<input type="text"/>

Is/ will recorded music (be) played also in the garden or patio? YES NO

If YES, please enter the size of the area, the number of chairs available, maximum number of customers, and the months during which you are/ will be playing recorded music in the garden or patio area.

Area (m2):	<input type="text"/>	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April
Nuber of chairs:	<input type="text"/>	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> August
Number of customers:	<input type="text"/>	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

VIII. PLEASE ENTER THE OPENING HOURS OF THE BUSINESS UNIT

The business unit is open:

<input type="checkbox"/> Monday	from:	<input type="text"/>	to:	<input type="text"/>
<input type="checkbox"/> Tuesday	from:	<input type="text"/>	to:	<input type="text"/>
<input type="checkbox"/> Wednesday	from:	<input type="text"/>	to:	<input type="text"/>
<input type="checkbox"/> Thursday	from:	<input type="text"/>	to:	<input type="text"/>
<input type="checkbox"/> Friday	from:	<input type="text"/>	to:	<input type="text"/>
<input type="checkbox"/> Saturday	from:	<input type="text"/>	to:	<input type="text"/>
<input type="checkbox"/> Sunday	from:	<input type="text"/>	to:	<input type="text"/>

IX. IS/ WILL RECORDED MUSIC (BE) PLAYED ALSO IN THE FOLLOWING AREAS OR AS FOLLOWS?

Indicate as appropriate and complete.

<input type="checkbox"/> Reception	
<input type="checkbox"/> Office sound system for the employees (m2):	<input type="text"/>
<input type="checkbox"/> Call waiting. Number of lines:	<input type="text"/>
<input type="checkbox"/> Web page (enter the address):	<input type="text"/>
<input type="checkbox"/> Outside the business premises. Enter the area size:	<input type="text"/>

X. THIS FORM HAS BEEN COMPLETED BY:

Name and surname:	<input type="text"/>
Phone number:	<input type="text"/>
Place and date:	<input type="text"/>
Signature:	<input type="text"/>