



LICENSE APPLICATION FORM

Organization Name:

Your Name and Title:

Address:

City:

State:

Country:

Zip Code/Country Code:

Phone Number:

Fax Number:

Email Address:

Information About Your Production Requested

Name of Show(s) Requested:

Theatre or Auditorium Name:

**Location of Theatre or Auditorium
City, State, Country:
(If touring, please indicate area of tour)**

First Performance Date (mm/dd/yyyy):

Last Performance Date (mm/dd/yyyy):

Number of Performances:

Number of Seats in Theatre:



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Ticket Pricing Scale: (in US Dollars)

(i.e., 100 seats at \$30, 60 seats at \$10 OR \$6 in advance, \$7 at the door):

Number of Seats Available per Performance:

What language does the play need to be performed in?

Are you a professional or amateur theatre?

If professional, what kind of contract do you have with Equity?

Additional Comments

Alternate shipping address: (If different from the organization address above):

Please Tell Us About Your Last Productions (mandatory)

Last 3 Shows Performed and Royalty Paid: (US DOLLARS)

Show 1 name:

Royalty Paid Per Performance/or Gross and author royalty % (Please Indicate):

Show 1 name:

Royalty Paid Per Performance/or Gross and author royalty % (Please Indicate):

Show 1 name:

Royalty Paid Per Performance/or Gross and author royalty % (Please Indicate):

*****Expect a minimum of two weeks to hear a response to your request.*****