APPLICATION FORM

DRAMATIC CONTEXT LICENCE FOR SOUND RECORDINGS

APPLICANT'S DETAILS	
Applicant/Business Name:	
ABN:	
Business Postal Address:	
Name of Contact Person:	
Phone Number:	
Email Address:	

PRODUCTION DETAILS	
Production title:	
Number of performances:	
Average ticket price:	
Estimated Gross Box Office Revenue*:	*The Gross Box Office Revenue if the Production sells at 75% of the total capacity of the Venue/s.
Total performance running time (HH:MM:SS):	

VENUE DETAILS

Date of performance:	Venue Name:	Venue Address:	Venue/Room Capacity:

SOUND RECORDINGS				
Artist Name:	**Song Title:**	**Album title (if available):**	**Duration used (MM:SS):**	**Description of scene(s) in which recording is used:**

Once completed, please email a copy of this form to business.affairs@ppca.com.au.

By submitting this form to PPCA, you acknowledge and agree that PPCA may disclose the provided information to PPCA's Licensors and copyright owners of the sound recordings, and otherwise collect, use and disclose information in accordance with the PPCA Privacy Policy which is available at: http://www.ppca.com.au/privacy-policy.

This is an application form only. This form does not provide the applicant with any right to use or to perform any PPCA Sound Recordings in public.