



**CITY OF CLEVELAND**  
**Department of Finance**  
**Division of Assessments and Licenses**  
**601 Lakeside Avenue E., Room 122**  
**Cleveland, OH 44114-1085**

<b>Office Use Only</b> <b>DAL FORM #19511</b> Revision 02-07-18 PEAT ____ - ____
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**APPLICATION FOR EXEMPTION FROM ADMISSIONS TAX**

*To the Commissioner of Assessments and Licenses:*

(1) \_\_\_\_\_ will present (2) \_\_\_\_\_  
Person or Organization (Applicant) Event Title

on (3) \_\_\_\_\_ at (4) \_\_\_\_\_  
Date(s) and Time(s) Venue

Located at (5) \_\_\_\_\_  
Venue Address

**The exemption claimed is authorized by §195.03 of the Codified Ordinances of the City of Cleveland on the basis that the proceeds shall inure to the benefit of:**

(6A) \_\_\_\_\_ (6B) \_\_\_\_\_  
Name of Beneficiary Beneficiary Address (Street, City, State, Zip)

(6C) The beneficiary is one of the following types of organizations: *PLEASE CHECK ONE*

_____ Military	_____ Charitable	_____ Police or Fire	_____ Municipal
_____ Religious	_____ Educational	<i>(Members or Dependents)</i>	_____ Live Theater

**Note: You must submit a copy of the beneficiary organization's charter, articles of incorporation or organizing document.**

(6D) Has the beneficiary received a determination from that IRS that the organization is exempt from federal income tax under § 501(c)(3) of the Internal Revenue Code?  YES  NO

(7) Is this event being conducted/produced by the beneficiary?  YES  NO (If NO you must complete Schedule A on page 2)

(8A) Are either the gross or net admission receipts subject to division with a promoter, producer, performer, lecturer, or any other entity other than the beneficiary?  YES  NO

**If you answered "Yes" to Item (8A) provide the name and address of the organization(s) having a financial interest in the event:**

(8B) \_\_\_\_\_ (8C) \_\_\_\_\_  
Name Address (Street, City, State, Zip)

**Note: If you answered "Yes" to Item (8A) you must submit agreement(s) or contract(s) for the event that clearly demonstrate the financial interest of all parties. Failure to include the contract(s) will result in your application being delayed or denied.**

(9) Will the beneficiary control the sale of all tickets?  YES  NO

(10) List all admission fees to be charged: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(11) The applicant acknowledges and agrees to produce an itemized statement of all receipts and disbursements made in connection with the event to the Commissioner of Assessments and Licenses immediately after the event.

I solemnly swear (or affirm) that all information provided by this application is true and correct, and that I have read and understand Chapter 195 of the Codified Ordinances of the City of Cleveland and agree to abide by the requirements set forth therein.

Applicant Name (Print name, and title if applicable)	Applicant Signature
Applicant Address	Applicant Phone Number
Applicant EIN or SSN	Applicant Email Address

*Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

\_\_\_\_\_  
Notary Public

### SCHEDULE A - CERTIFICATE OF BENEFICIARY

*To be completed when the event is being produced and or conducted by an entity other than the beneficiary.*

(A1) I, the undersigned, being duly authorized on behalf of the beneficiary party of the event named herein, certify

that \_\_\_\_\_ will be presenting (A2) \_\_\_\_\_  
Name of Person or Organization Conducting/Producing Event (Applicant)

\_\_\_\_\_ for the benefit of (A3) \_\_\_\_\_  
Event Title Name of Beneficiary

on (A4) \_\_\_\_\_ and that the statements in the attached application are true and correct.  
Date(s) and Time(s)

**Note: You must submit the agreement(s) or contract(s) for the event that clearly demonstrate the financial interest of all parties. Failure to include the contract(s) will result in your application being delayed or denied.**

Beneficiary Name (Print name, and title if applicable)	Beneficiary Signature
Beneficiary Address	Beneficiary Phone Number
Beneficiary EIN or SSN	Beneficiary Email Address

*Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

\_\_\_\_\_  
Notary Public

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## **INSTRUCTIONS FOR FILING EXEMPTION APPLICATION**

- 1) You must answer all questions listed on the application form.**
- 2) Application must be notarized.**
- 3) You must supply all documents required by the application form, including:**
  - Executed contract with artist, promoter, and venue where the event will occur
  - Department of the Treasury 501(c)(3) declaration letter, if applicable
  - Articles of Incorporation or other organizing documents
  - Itemized financial statements from the previous year or previous exempted event
- 4) Applications must be signed by an authorized officer of the applicant organization and the beneficiary organization, if applicable.**
- 5) If more space is required, attach a separate statement identifying the item number and your response.**
- 6) Completed applications and required documents must be submitted to the Division of Assessments and Licenses seven (7) days after the talent contract is executed, if applicable, or forty-five (45) days before the event, whichever is earlier.**

**Mail completed signed and notarized application and required documents to:**

**City of Cleveland  
Department of Finance  
Division of Assessments and Licenses  
601 Lakeside Avenue E., Room 122  
Cleveland, OH 44114-1085**

**Or submit via email to  
Bbutler3@clevelandohio.gov**

**For additional information or assistance please call (216) 664-3431**