## **PRS for Music Long Term Radio Licence**

## **Application Form**

Station Name/ Call Sign As listed on your Ofcom application	
Company / Business Name	
Is this a hospital radio station?	
Contact Name	
Correspondence address	
Contact Phone Number	
Email address	
Launch date	
Where will you be broadcasting to?	
Please state any additional information you would like us to know.	

## Declaration

Please sign below to agree to the Terms and Conditions which are published at <u>https://www.prsformusic.com/licences/broadcasting-music-on-radio/long-term-radio-licence</u> and then return this application to Radio Licensing, PRS for Music, 1<sup>st</sup> Floor Goldings House, 2 Hays Lane, London SE1 2HB.

Upon receipt of this completed application pack you will be sent a long form contract to counter sign and return to complete the licence process.

By signing this form you are confirming that the information contained in this application form is accurate to the best of your knowledge.

Signed

Print name of signatory in full

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Date

Position of signatory

