



PERMIT# _____

Event Type: _____

Department of Labor, Licensing and Regulation
 State Athletic Commission
 110 Centerview Drive
 Columbia, SC 29210

Natalye Jackson
 Administrator

Telephone: (803) 896-4571
 Fax: (803) 896-4350

PROMOTOR'S TICKET ACCOUNT

The following statement of the tickets printed and the Gross Receipts for the _____ located at _____ for the show held on _____, _____, and the State Tax computed at the rate of 5% on the amount of Gross Receipts was \$ _____ (Gross X _____).

****MAKE CHECK PAYABLE TO SOUTH CAROLINA STATE ATHLETIC COMMISSION****

TICKET ACCOUNT

Hardcopy Tickets Electronic Tickets

NUMBER PRINTED	NUMBER UNUSED	NUMBER FREE	NUMBER SOLD	TOTAL FREE+SOLD	PRICE - \$	AMOUNT - \$ SOLD Times PRICE

One-Time Payment: \$ _____

TOTAL GROSS: \$ _____

PROMOTOR'S SIGNATURE: _____

PRINT: _____

** A STATEMENT SHOWING THE NUMBER OF TICKETS PRINTED FOR THE EVENT MUST BE ATTACHED TO THIS FORM.

** IF THE 5% COMMISSION FEE IS NOT PAID WITHIN (30) DAYS AFTER THE EVENT THE PROMOTER MAY BE SUBJECT TO A \$250 LATE FEE, AND/OR OTHER PENALTIES AS APPROVED BY THE COMMISSION.