



EVENT PRODUCTION – RECORDING – DESIGN

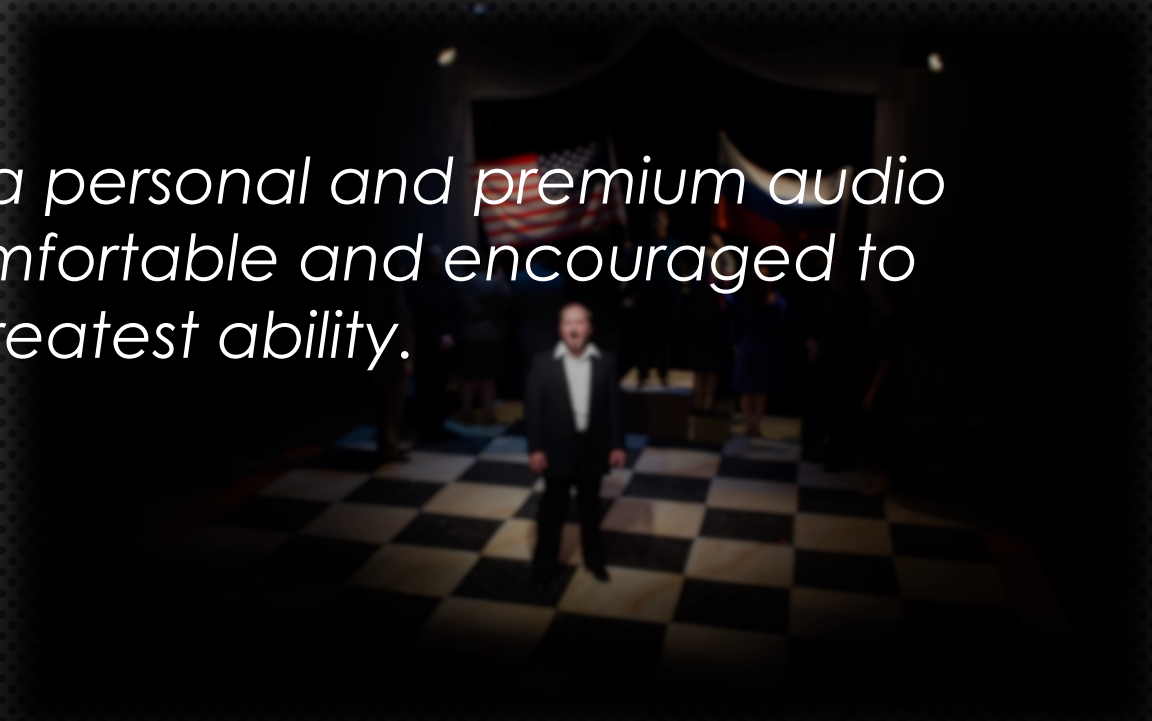
[PRIZARENTERTAINMENT.COM](http://PRIZARENTERTAINMENT.COM)

**JACOB BERG ~ FOUNDER | OWNER**



# MISSION STATEMENT

*Prizar Entertainment seeks provide a personal and premium audio experience where everyone is comfortable and encouraged to perform to their greatest ability.*





# ABOUT PRIZAR ENTERTAINMENT

Prizar Entertainment, LLC, was started by Jacob Berg in 2018 to display the work he was doing and to market himself through a fictitious name. Jacob has always had a strong passion for audio and everything that goes into sound. He got his start in music when he joined the school band in fifth grade, playing saxophone. He continued to play all the way through high school where he also joined the school's drama club tech team and really started to dive deeper into the audio world. Since its start, Prizar Entertainment has grown into something much bigger than just a fictitious name, but a live event production company as Jacob has been a freelance sound designer, engineer and lighting designer since graduating high school.

Now, Jacob is in the Audio Production program at Full Sail University and seeks to expand Prizar Entertainment's services into the studio as it has been a huge interest of his since starting the company. Jacob's passion for how audio works allows him to always put forth his best efforts.





# SERVICES

PRIZAR ENTERTAINMENT OFFERS BOTH LIVE AND STUDIO SERVICES.

- LIVE EVENT SERVICES INCLUDE THEATRICAL SOUND DESIGN, LIVE SOUND ENGINEERING, AND PROGRAMABLE LIGHTING DESIGN.
- PRIZAR ENTERTAINMENT'S STUDIO FOCUSES ON WORKING WITH LOCAL THEATRE STUDENTS AND PROFESSIONALS TO CREATE A NEW TYPE OF PERFORMANCE IN THE STUDIO. STUDIO SERVICES INCLUDE RECORDING, MIXING AND MASTERING OF CAST RECORDINGS, INDIVIDUAL PROJECTS AND SMALL GROUPS, AS WELL AS SPECIAL PROJECTS.





# SERVICES PRICE LIST

PRIZAR ENTERTAINMENT IS DEDICATED TO WORKING WITH YOU AND YOUR BUDGET, IF YOU THOUGHT PROFESSIONAL AUDIO WAS OUT OF YOUR PRICE RANGE, THINK AGAIN. WE WILL WORK WITH YOU TO FIND A SOLUTION THAT WORKS FOR YOUR EVENT OR PROJECT THROUGH AN HOURLY RATE OR A STIPEND.

THEATRICAL SOUND DESIGN: VARIES- \$500-1500 PER SHOW

LIVE SOUND ENGINEERING: VARIES- \$25-75/HOUR BASED ON EVENT

PROGRAMABLE LIGHTING DESIGN: VARIES- \$500-1500 PER SHOW

RECORDING: VARIES- \$40-80/ HOUR

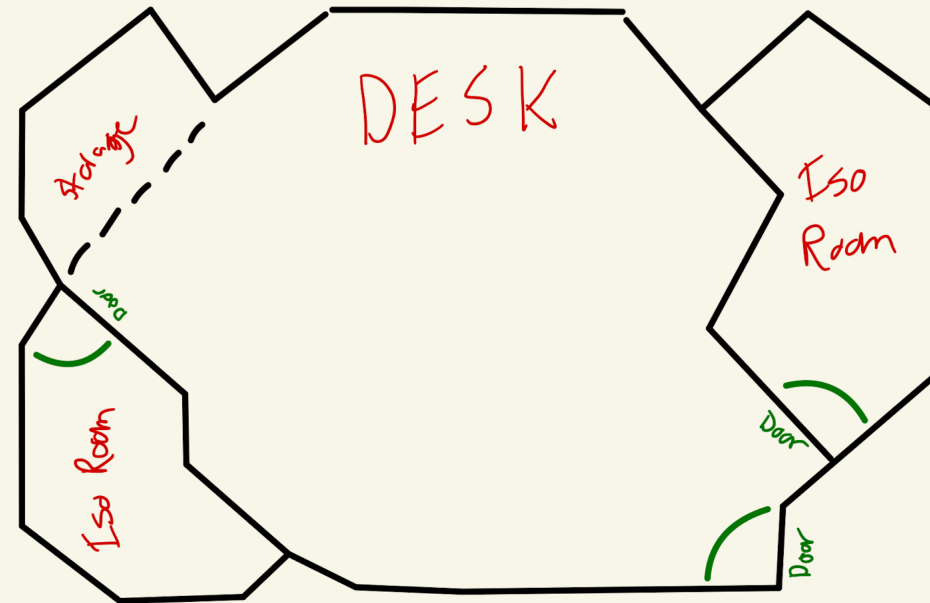
MIXING: VARIES- DETERMINED PER PROJECT





# STUDIO FLOOR PLAN

SPACE IS WORKING ON BECOMING FULLY ADA COMPLIANT



Not To Scale





# CURRENT EQUIPMENT LIST

## LIVE EQUIPMENT

- EV EKX 12P (x2)
- EV ETX 18SP
- BEHRINGER XAIR XR18
- QLXD BETA87A WIRELESS
- ASSORTED WIRED MICROPHONES
- QLAB

## STUDIO EQUIPMENT

- APPLE MACBOOK PRO
- FOCUSRITE SCARLETT 18I20
- M-AUDIO BX5 (PAIR)
- NOVATION LAUNCHKEY 25
- UA VOLT
- AT 2035 (x2)
- MXL-4000





# MARKETING RESEARCH

- CURRENTLY, MOST STUDIOS IN THE AREA WORK WITH THE POPULAR MUSIC SCENE: POP, R&B, HIP HOP, ROCK, COUNTRY, ETC. WHEREAS PRIZAR ENTERTAINMENT WILL FOCUS ON THE THEATRE CROWD.
- LIVE PRODUCTION OPTIONS ARE NOT AS PLENTIFUL AS THEY USED TO BE. MANY COMPANIES WILL OFFER RENTALS, FOR A CHEAPER COST, BUT IF FULL TECH OPERATORS ARE REQUIRED, THE COST IS SIGNIFICANTLY RAISED. THE GOAL FOR PRIZAR ENTERTAINMENT IS TO SUPPORT THE SMALLER EVENTS WHERE THERE IS NOT A BUDGET FOR LARGE PRODUCTION, BUT THEY STILL NEED A TECH ON SITE TO SET-UP AND OPERATE ALL THE EQUIPMENT.
- THERE ARE ALSO MANY INDIVIDUAL DESIGNERS IN THE AREA FOR THEATER, HOWEVER, PRIZAR ENTERTAINMENT IS SET APART BY OFFERING BOTH LIGHTING AND SOUND DESIGN SERVICES. THIS ALLOWS THE COMPANY TO KEEP THINGS SIMPLE WITH ONE DESIGNER AND FORM A MORE PERSONAL CONNECTION.





# COMPETITORS AND MARKETING PLAN

- UNLIKE MANY OTHER PRODUCTION COMPANIES IN THE AREA, PRIZAR ENTERTAINMENT'S PRIMARY AUDIENCE IS THE LOCAL THEATRE COMMUNITY. INSTEAD OF MARKETING TOWARD THE GREATER SONG WRITING AND RECORDING COMMUNITY, WE FOCUS ON GIVING THESPIANS AN ALTERNATE EXPERIENCE TO THEIR LIVE THEATRE PRODUCTIONS. WE ALREADY WORK WITH QUITE A FEW MIDDLE SCHOOL, HIGH SCHOOL, AND COMMUNITY THEATRE GROUPS IN THE AREA. AS A RESULT, EXPANDING TO THE STUDIO WILL BE SIMPLE BY OFFERING AN EXPERIENCE ALONGSIDE THE LIVE SERVICES.
- WORD OF MOUTH WILL BE A GREAT WAY TO SPREAD THE WORD OF WHAT PRIZAR ENTERTAINMENT HAS TO OFFER. WE PLAN TO KEEP PUBLIC PROMOTION LIMITED TO THEATRICAL GROUP PAGES AND WEBSITES TO ACHIEVE THE MOST EFFICIENCY. A GROWING SOCIAL MEDIA PRESENCE WILL ALSO ALLOW THE THEATRE COMMUNITY TO HEAR AND SEE WHAT WE OFFER.





# MARKETING PLAN

- SOMETHING PRIZAR ENTERTAINMENT HAS DONE IN THE PAST IS SPONSOR SMALL COMMUNITY CONCERTS. THIS IS ALSO ONE OF THE WAYS WE CAN ADVERTISE OUR SERVICES BY HELPING TO RUN THE CONCERT. SPONSORING EVENTS LIKE THIS ALSO ALLOWS US TO DEVELOP CONNECTIONS WITH PARTICIPANTS AND ATTENDEES THAT CAN LEAD TO FUTURE CLIENTS FOR BOTH LIVE AND STUDIO PROJECTS.





# DOCUMENTATION- LLC REGISTRATION

## Office of the Minnesota Secretary of State Minnesota Limited Liability Company | Articles of Organization

Minnesota Statutes, Chapter 322C

Read the instructions before completing this form.

Filing Fee: \$155 for expedited service in-person and online filings, \$135 if by mail

Note: A professional organization governed under Chapter 319B must include an attachment with the following information: (This information is only required if this is a professional organization.)

1. Statement that the Minnesota firm elects to operate and acknowledges that it is subject to *Minnesota Statutes*, Chapter 319B.01 to 319B.12.
2. List the professional service the organization is authorized to provide under *Minnesota Statutes*, Chapter 319B, subd 19.

Note: Information provided when filing a business entity is public data and may be viewable online. This includes but is not limited to all individual names and addresses.

The undersigned organizer(s), in order to form a Limited Liability Company under *Minnesota Statutes*, Chapter 322C adopt the following:

### Article I – Name of Limited Liability Company (Required)

(The company name must include the words Limited Liability Company or the abbreviation LLC)

### Article II - Registered Office Address and Agent (A Registered Office Address is Required)

MN

Street Address (A PO Box by itself is not acceptable) City State Zip Code

Registered Agent at the above address is:

### Article III – Duration

The period of duration for this limited liability company shall be perpetual.

### Article IV – Organizers (Required)

I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Organizer's Name Street Address City State Zip

Signature Date

Organizer's Name Street Address City State Zip

Signature Date

### Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices, including this submission:

☐ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.



## Office of the Minnesota Secretary of State Minnesota Limited Liability Company | Articles of Organization

Minnesota Statutes, Chapter 322C

### Minnesota Business Snapshot

To better serve Minnesotans, the Secretary of State's Office has created the "Minnesota Business Snapshot," a short and simple survey produced with the input of business owners, business organizations, non-profits, and researchers from across the state. These five questions will take less than three minutes to complete, and you may answer any or all of them. There is no penalty if you choose not to provide this information. However, the answers you do provide will create a useful pool of information for potential customers and inform the analysis of our quarterly "Minnesota Economic and Business Condition Reports". We do not independently verify the answers applicants provide. Again, this survey is voluntary and the answers are considered public data. Thank you.

1. (Select up to one) - How many Minnesota – based full time employees (or FTE equivalents) does this entity currently have?

- ☐ 0-5  
☐ 6-50  
☐ 51-200  
☐ 201-500  
☐ Over 500

2. (Select all that apply) - Does the owner or a member of the ownership group of this entity self-identify as a member of any of the following communities?

- ☐ Woman  
☐ Member of a community of color  
☐ Veteran  
☐ Member of a disability community  
☐ Member of an immigrant community

3. (Select up to one) - Using NAICS codes below, please select the code that best describes this entity. If you believe this entity falls into more than one category, please select the category that generates the majority of the entity's revenue.

- ☐ Agriculture, Forestry, Fishing and Hunting (Code 11)  
☐ Mining (Code 21)  
☐ Utilities (Code 22)  
☐ Construction (Code 23)  
☐ Manufacturing (Codes 31-33)  
☐ Wholesale Trade (Code 42)  
☐ Retail Trade (Codes 44-45)  
☐ Transportation and Warehousing (Codes 48-49)  
☐ Information (Code 51)  
☐ Finance and Insurance (Code 52)  
☐ Real Estate Rental and Leasing (Code 53)  
☐ Professional, Scientific, and Technical Services (Code 54)  
☐ Management of Companies and Enterprises (Code 55)  
☐ Administrative and Support and Waste Management and Remediation Services (Code 56)  
☐ Educational Services (Code 61)  
☐ Health Care and Social Assistance (Code 62)  
☐ Arts, Entertainment, and Recreation (Code 71)  
☐ Accommodation and Food Services (Code 72)  
☐ Other Services (except Public Administration) (Code 81)  
☐ Public Administration (Code 92)

4. (Select up to one) Is this entity a full time or part time endeavor for those primarily responsible for operating this entity?

- ☐ Full time  
☐ Part time

5. (Select up to one) - If applicable, what were this entity's gross revenues for the past year?

- ☐ \$0 - \$10,000  
☐ \$10,001 - \$50,000  
☐ \$50,001 - \$250,000  
☐ \$250,001 - \$1M  
☐ Over \$1M



Print

Reset

## INSTRUCTIONS

File your business document online by visiting our website at [www.sos.state.mn.us](http://www.sos.state.mn.us).

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

**Only Professional Organizations governed under Chapter 319B** must include a statement that the MN firm elects to operate and acknowledges that it is subject to *Minnesota Statutes*, Chapter 319B.01 to 319B.12, and list the professional service under *Minnesota Statutes*, [Chapter 319B.02, subdivision 19](#), the organization is authorized to provide.

### Article I – Name of Limited Liability Company (Required)

List the exact company name. The company name MUST include the words Limited Liability Company or abbreviation LLC, and may not include the words corporation" or "incorporated" or their abbreviations. A preliminary name availability check may be done by accessing our website at [www.sos.state.mn.us](http://www.sos.state.mn.us).

### Article II - Registered Office Address and Agent (A Registered Office Address is Required)

A registered office address in Minnesota is required. List the complete street address or rural route and rural route box number for the registered office address. A post office box by itself is not acceptable. If you have a registered agent, list the full name of the agent located at the registered office address. An Agent is not required.

### Article III - Duration

The limited liability company governed under 322C has a perpetual duration.

### Article IV – Organizers (Required)

Only one "Person" is required. A "Person" means as an individual 18 years of age or older, corporation, business trust, estate, trust, partnership, limited liability company, association, joint venture, public corporation, government or government subdivision, agency, or any other legal or commercial entity. List the name and company address for each organizer. A signature is required for each organizer or by an Authorized Agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s). List the organizers on an additional sheet if there are more than two organizers.

**Email Address for Official Notices.** This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime telephone number of a person who can be contacted about this form.**

**Minnesota Business Snapshot.** This information is a snapshot of data at the point of time this filing was made. This information is voluntary and may be shared with other agencies or the public for data analysis.

**Filing Fee: \$155 for expedited service in-person and online filings, \$135 if submitted by mail Payable to the MN Secretary of State**

Please submit all items together and mail to the address below:

### FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services  
First National Bank Building  
332 Minnesota Street, Suite N201  
Saint Paul, MN 55101

(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfilled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.



# DOCUMENTATION- LOGO TRADEMARK REGISTRATION (ONLINE APPLICATION)

(<https://www.uspto.gov>)

About Us (<https://www.uspto.gov/about-us>)

Jobs (<https://www.uspto.gov/jobs>)

Contact Us (<https://www.uspto.gov/about-us/contact-us>)

Logout

Trademark Electronic Application System

Navigation History: [Instruction \(/forms/view.service?page=bas.instruction\)](#) > **Applicant** > Mark > Goods/Services/Filing Basis > Attorney/Dom. Rep./Correspondence > Fee/Signature

PTO-1478  
Approved for use through 10/31/2024. OMB 0651-0009  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

Trademark/Service Mark Application, Principal Register  
Version 8.1

Watch the TMIN "Applicant information" video (<https://www.uspto.gov/watch/TMINapplicant>) that explains the terms "applicant" or "applicant owner/holder." The term "applicant" identifies who owns the trademark, not necessarily who is filing the application.

Watch the TEAS Nuts and Bolts Applicant Information video (<https://www.uspto.gov/watch/TNBApplicant>) that explains how to fill out the Applicant Information page.

Applicant Information

Note: If there is **more than one owner of the trademark**, complete the applicant information for the first owner, and then click on the "Add Owner" button at the bottom of this page. Repeat for each owner. You must specify whether the multiple applicants are [joint applicants](#) or some other entity type listed below.

\* **Owner of Mark**

[If an individual, use the following format: Last Name, First Name Middle Initial or Name, if applicable]

☐ DBA (doing business as) ☐ AKA (also known as)

☐ TA (trading as) ☐ Formerly

Entity Type

☐ Individual

☐ Corporation

☐ Limited Liability Company

☐ Partnership

☐ Limited Partnership

☐ Joint Venture

☐ Sole Proprietorship

☐ Trust

☐ Estate

☐ Other

Internal Address

\* **Mailing Address**

(Entered address is publicly viewable in the USPTO's [TSDB](#) (<https://tsdr.uspto.gov/>) database. This address must be capable of receiving mail and may be your street address, a P.O. box, or a "care of" address.)

NOTE: You must limit your entry here, and for all remaining fields within this overall section, to no more than 40 characters (the storage limit for the USPTO database). You may need to abbreviate some words, e.g., St. instead of Street. Failure to do so may result in an undeliverable address, due to truncation at the 40 character limit.

\* **City**

NOTE: You must limit your entry here to no more than 22 characters.

\* **State**  
(Required for U.S. applicant owners/holders)

Select State

NOTE: You must include as part of the "City" entry any information related to geographical regions (e.g., provinces) not found in the dropdown lists for "States" or "Countries." Enter the city and then the geographical region, separated by a comma (e.g., Toronto, Ontario). In most instances, you will then also have to select the country within which the region is found, below.

\* **Country/Region/Jurisdiction/U.S. Territory**

Select Country/Region/Jurisdiction/U.S. Territo

\* **Zip/Postal Code**  
(Required for U.S. and certain international addresses)

**Domicile Address**

(Entered address is not publicly viewable in the USPTO's [TSDB](#) (<https://tsdr.uspto.gov/>) database unless it is the same as the mailing address. If your mailing address is not your domicile, you must enter the number, street, city, state, country or U.S. territory, and if applicable, zip/postal code of your domicile. (<https://www.uspto.gov/pogo/teas-help#domicile>) address. In most cases, a P.O. box, "care of" address, or similar variation is not acceptable as a domicile address.)

☒ Uncheck this box if the domicile address and mailing address of the trademark owner/holder are NOT the same. Fields for entering the domicile address will appear.

**Phone Number**

United States

Ext.

**Fax Number**

\* **Email Address**

The applicant owner/holder is required to provide an email address and keep that address current with the USPTO. If the applicant owner/holder is represented by a U.S.-licensed attorney, only the attorney's email address will be used for correspondence by the USPTO.

NOTE: The applicant owner/holder or the applicant owner's/holder's attorney acknowledges that he or she is solely responsible for receiving USPTO emails. Additionally, the applicant owner/holder or the applicant owner's/holder's attorney is responsible for periodically checking the status of the application/registration using the Trademark Status & Document Retrieval ([TSDB](#)) system (<https://tsdr.uspto.gov/>). USPTO notices and office actions issued in this application/registration can be viewed online using [TSDB](#) (<https://tsdr.uspto.gov/>). The USPTO is not responsible for any failure to receive a USPTO-issued email due to the receiver's security or anti-spam software, or any problems with the receiver's email system.

**Website address**

Go Back

Add Owner

Continue

Privacy Act Statement (<https://www.uspto.gov/trademarks-application-process/filing-online/teas-and-teasi-paperwork-reduction-act-burdens/TEAS-Privacy-Act-Statement>) | TEAS Form Burden Statement (<https://www.uspto.gov/trademarks/teas/pn.jpg#heading-1>) | Bug Report/Feedback (<https://www.uspto.gov/trademarks-application-process/filing-online/bug-report/>) | TEAS Home (<https://www.uspto.gov/trademarks-application-process/filing-online/>)



# DOCUMENTATION: WORK FOR HIRE CONTRACT

- THIS IS A SAMPLE. OFFICIAL WORK FOR HIRE PAPERWORK FOR PRIZAR ENTERTAINMENT IS CURRENTLY BEING DEVELOPED.

This Work for Hire Contract (the "Contract") is entered into \_\_\_\_\_ (the "Effective Date"), by and between \_\_\_\_\_, with an address of \_\_\_\_\_ (the "Client") and \_\_\_\_\_, with an address of \_\_\_\_\_, (the "Service Provider"), also individually referred to as the "Party", and collectively the "Parties."

1. Services. The Client requests and the Service Provider agrees to perform the following specific services (the "Services"):

---

---

---

---

---

2. Compensation. The Parties agree the Service Provider will be compensated as follows:

---

---

---

3. Ownership of Work Product. As a result of this Agreement, the Service Provider will create specific deliverables, which shall be referred to as "Work Product", including, but not limited to, documents, presentations, reports and the like, physical and/or electronic. All Work Product shall be owned by the Client. The Service Provider does not maintain any rights to this Work Product and shall turn over all Work Product upon the termination of this Contract.

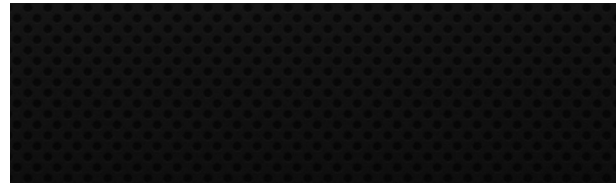
4. Term. This Contract shall commence upon the Effective Date, as stated above, and will continue until \_\_\_\_\_.

5. Service Provider Relationship. The Parties agree that the Service Provider is providing the Services under this Contract and acting as an independent contractor and not as an employee. This Contract does not create a partnership, joint venture, or any other fiduciary relationship between the Client and the Service Provider.

6. Confidentiality. During the course of this Contract, it may be necessary for the Client to share proprietary information, including trade secrets, industry knowledge, and other confidential information, to the Service Provider in order for the Service Provider to complete the Services. The Service Provider will not share any of this proprietary information at any time. The Service Provider also will not use any of this proprietary information for the Service Provider's personal benefit at any time. This section remains in full force and effect even after termination of the Contract by it's natural termination or the early termination by either Party.

7. Termination. This Contract may be terminated at any time by either Party upon written notice to the other Party. The Client will be responsible for payment of all Services performed up to the date of termination, except for in the case of the Service Provider's breach of this Contract, where the Service Provider fails to cure such breach upon reasonable notice.

Upon termination of the Contract, the Service Provider shall return all the Client's content, materials, and all Work Product to the Client at its earliest convenience, but in no event beyond thirty (30) days after the date of termination.



8. Representations and Warranties. Both Parties represent that they are fully authorized to enter into this Contract. The performance and obligations of either Party will not violate or infringe upon the rights of any third party or violate any other agreement between the Parties, individually, and any other person, organization, or business or any law or governmental regulation.

9. Indemnity. The Parties each agree to indemnify and hold harmless the other Party, its respective affiliates, officers, agents, employees, and permitted successors and assigns against any and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and costs of any kind or amount whatsoever, which result from the negligence of or breach of this Contract by the indemnifying Party, its respective successors and assigns that occurs in connection with this Contract. This section remains in full force and effect even after termination of the Contract by its natural termination or the early termination by either Party.

10. Limitation of Liability. UNDER NO CIRCUMSTANCES SHALL EITHER PARTY BE LIABLE TO THE OTHER PARTY OR ANY THIRD PARTY FOR ANY DAMAGES RESULTING FROM ANY PART OF THIS CONTRACT SUCH AS, BUT NOT LIMITED TO, LOSS OF REVENUE OR ANTICIPATED PROFIT OR LOST BUSINESS, COSTS OF DELAY OR FAILURE OF DELIVERY, WHICH ARE NOT RELATED TO OR THE DIRECT RESULT OF A PARTY'S NEGLIGENCE OR BREACH.

11. Disclaimer of Warranties. The Service Provider shall complete the Services for the Client's purposes and to the Client's specifications. THE SERVICE PROVIDER DOES NOT REPRESENT OR WARRANT THAT SUCH SERVICES WILL CREATE ANY ADDITIONAL PROFITS, SALES, EXPOSURE, BRAND RECOGNITION, OR THE LIKE. THE SERVICE PROVIDER HAS NO RESPONSIBILITY TO THE CLIENT IF THE DELIVERABLES DO NOT LEAD TO THE CLIENT'S DESIRED RESULT(S).

12. Severability. In the event any provision of this Contract is deemed invalid or unenforceable, in whole or in part, that part shall be severed from the remainder of the Contract and all other provisions should continue in full force and effect as valid and enforceable.

13. Waiver. The failure by either Party to exercise any right, power, or privilege under the terms of this Contract will not be construed as a waiver of any subsequent or future exercise of that right, power, or privilege or the exercise of any other right, power, or privilege.

14. Legal Fees. In the event of a dispute resulting in legal action, the successful Party will be entitled to its legal fees, including, but not limited to its attorneys' fees.

15. Legal and Binding Contract. This Contract is legal and binding between the Parties as stated above. This Contract may be entered into and is legal and binding both in the United States and throughout Europe. The Parties each represent that they have the authority to enter into this Contract.

16. Governing Law and Jurisdiction. The Parties agree that this Contract shall be governed by the State and/or Country in which both Parties do business. In the event that the Parties do business in different States and/or Countries, this Contract shall be governed by \_\_\_\_\_ law.

17. Entire Agreement. The Parties acknowledge and agree that this Contract represents the entire agreement between the Parties. In the event that the Parties desire to change, add, or otherwise modify any terms, they shall do so in writing to be signed by both parties.

The Parties agree to the terms and conditions set forth above as demonstrated by their signatures as follows:

Client

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_



Form <b>SS-4</b> (Rev. December 2019) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to <a href="http://www.irs.gov/FormSS4">www.irs.gov/FormSS4</a> for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records.	OMB No. 1545-0003
<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested		<b>EIN</b>
<b>Type or print clearly.</b>	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Don't enter a P.O. box.)
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)
	<b>6</b> County and state where principal business is located	
	<b>7a</b> Name of responsible party	<b>7b</b> SSN, ITIN, or EIN
	<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8b</b> If 8a is "Yes," enter the number of LLC members . . . . . ▶		
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)		
<input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN)		
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (TIN of grantor)		
<input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government		
<input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government		
<input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises		
<input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Group Exemption Number (GEN) if any ▶		
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
<b>10</b> <b>Reason for applying</b> (check only one box)		
<input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶		
<input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶		
<input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business		
<input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Created a trust (specify type) ▶		
<input type="checkbox"/> Created a pension plan (specify type) ▶		
<b>11</b> Date business started or acquired (month, day, year). See instructions.		<b>12</b> Closing month of accounting year
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural Household Other		
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶		
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker		
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		
<input type="checkbox"/> Other (specify) ▶		
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," write previous EIN here ▶		
<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly) ▶		Applicant's fax number (include area code)
Signature ▶		Date ▶
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		

# DOCUMENTATION- FEIN NUMBER





## Application for Business Registration

You can register online at [www.revenue.state.mn.us](http://www.revenue.state.mn.us). If you choose to file this paper application, fully complete pages 1 and 2 and any pages needed to register for a specific tax type. Incomplete applications may be delayed. Read the instructions before completing.

**1** Federal tax ID number (*nine digits*). See instructions, page 3

**2** Current or prior Minnesota

tax ID number(s), if any

(*seven digits*)

**3** Reason for applying:

- ☐ new business  
☐ change of legal organization  
☐ updating an existing account

☐ purchased existing business (see instructions, page 2, "Successor Liability"):

prior Minnesota tax ID number: \_\_\_\_\_ Former owner's name: \_\_\_\_\_

☐ for informational purposes, such as a vendor or business receiving grants or any type of payment from a state agency  
(complete pages 1 and 2 only)

Should this number be canceled?

☐ No

☐ Yes, cancel effective

(mm/dd/yyyy)

**4** Full legal name of the business (*sole proprietors: fill in last name, first name, middle initial*)

**5** Business trade name (*doing business as*), if you have one

**6** Complete address of business location (Do not use P.O. box)

County

City

State

Zip code

**7** Mailing address (*if different from above*)

City

State

Zip code

**8** Daytime phone

Other phone number

Fax number

**9** Email address

Website address

**10** Type of legal organization:

- ☐ Sole proprietor  
☐ Partnership:  
☐ General partnership, or  
☐ Limited liability partnership (LLP), or  
☐ Limited partnership (LP)  
☐ S corporation

- ☐ Limited liability company (LLC):  
☐ One member only (see inst., pg. 4), or  
☐ Two or more members  
☐ Cooperative  
☐ Estate or trust (fiduciary)  
☐ C corporation

- ☐ Nonprofit corporation  
☐ Nonprofit organization  
☐ Qualified joint venture  
☐ Government  
☐ Other (please specify):

**11a** Types of taxes you expect or are required to pay and/or collect:

Business taxes — Check all that apply and complete the corresponding section on the page indicated:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sales and use tax (see pages 3, 4, and 5) | <input type="checkbox"/> Insurance taxes (see page 6)            | <input type="checkbox"/> Other special taxes (see page 7)         |
| <input type="checkbox"/> Use tax only                              | <input type="checkbox"/> Petroleum taxes (see page 7)            | <input type="checkbox"/> Solar energy production tax (see page 8) |
| <input type="checkbox"/> Withholding tax (see page 6)              | <input type="checkbox"/> Wind energy production tax (see page 8) | <input type="checkbox"/> MinnesotaCare taxes (see page 10)        |

Income, franchise or unrelated business income taxes — Check one box only and complete the registration section on page 9:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> S corporation | <input type="checkbox"/> Estate or trust (fiduciary) | <input type="checkbox"/> Unrelated business income tax |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> C corporation               |  |

You must provide additional information for each tax type you checked on line 11a.

Continue with line 11b on page 2.

DOCUMENTATION:  
BUSINESS TAX RECEIPT-  
MN



# DOCUMENTATION- SOUND RECORDING APPLICATION

Copyright Office fees are subject to change. For current fees, check the Copyright Office website at [www.copyright.gov](http://www.copyright.gov), write the Copyright Office, or call (202) 707-3000 or 1-877-476-0778 (toll free).

Clear Form

**Form SR**  
For a Sound Recording  
UNITED STATES COPYRIGHT OFFICE  
REGISTRATION NUMBER

**Privacy Act Notice:** Sections 408-410 of title 17 of the United States Code authorize the Copyright Office to collect the personally identifying information requested on this form in order to process the application for copyright registration. By providing this information you are agreeing to routine uses of the information that include publication to give legal notice of your copyright claim as required by 17 U.S.C. §705. It will appear in the Office's online catalog. If you do not provide the information requested, registration may be refused or delayed, and you may not be entitled to certain relief, remedies, and benefits under the copyright law.

SR SRU  
EFFECTIVE DATE OF REGISTRATION  
Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1 TITLE OF THIS WORK ▼  
PREVIOUS, ALTERNATIVE, OR CONTENTS TITLES (CIRCLE ONE) ▼

2 NAME OF AUTHOR ▼ DATES OF BIRTH AND DEATH ▼  
Year Born Year Died  
a WAS THIS CONTRIBUTION TO THE WORK "work made for hire"? ☐ Yes ☐ No  
AUTHOR'S NATIONALITY OR DOMICILE  
Name of Country ☐ Citizen of ☐ Domiciled in  
OR  
WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK ☐ Yes ☐ No  
Anonymouse? ☐ Yes ☐ No Pseudonymouse? ☐ Yes ☐ No  
If the answer to either of these questions is "Yes," see detailed instructions.

## NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire," check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "author" of that part, and leave the space for dates of birth and death blank.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼  
NAME OF AUTHOR ▼ DATES OF BIRTH AND DEATH ▼  
Year Born Year Died  
b WAS THIS CONTRIBUTION TO THE WORK "work made for hire"? ☐ Yes ☐ No  
AUTHOR'S NATIONALITY OR DOMICILE  
Name of Country ☐ Citizen of ☐ Domiciled in  
OR  
WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK ☐ Yes ☐ No  
Anonymouse? ☐ Yes ☐ No Pseudonymouse? ☐ Yes ☐ No  
If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of material created by this author in which copyright is claimed. ▼  
NAME OF AUTHOR ▼ DATES OF BIRTH AND DEATH ▼  
Year Born Year Died  
c WAS THIS CONTRIBUTION TO THE WORK "work made for hire"? ☐ Yes ☐ No  
AUTHOR'S NATIONALITY OR DOMICILE  
Name of Country ☐ Citizen of ☐ Domiciled in  
OR  
WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK ☐ Yes ☐ No  
Anonymouse? ☐ Yes ☐ No Pseudonymouse? ☐ Yes ☐ No  
If the answer to either of these questions is "Yes," see detailed instructions.

3 a YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED b DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK  
This information must be given in all cases. Complete this information ONLY if this work has been published. Month Day Year  
Year Nation

4 a COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. b APPLICATION RECEIVED  
ONE DEPOSIT RECEIVED  
TWO DEPOSITS RECEIVED  
FUNDS RECEIVED  
TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼  
DO NOT WRITE HERE OFFICE USE ONLY

MORE ON BACK ▶ • Complete all applicable spaces (numbers 5-9) on the reverse side of this page.  
• See detailed instructions. • Sign the form at line 8.

DO NOT WRITE HERE  
Page 1 of 2 pages

EXAMINED BY  
CHECKED BY  
CORRESPONDENCE  
☐ Yes  
FORM SR  
FOR COPYRIGHT OFFICE USE ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☐ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

a. ☐ This work was previously registered in unpublished form and now has been published for the first time.

b. ☐ This is the first application submitted by this author as copyright claimant.

c. ☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number Year of Registration ▼

DERIVATIVE WORK OR COMPILATION

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

a Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼  
See instructions before completing this space.

b DEPOSIT ACCOUNT If the registration fee is to be charged to a deposit account established in the Copyright Office, give name and number of account.  
Name Account Number

a CORRESPONDENCE Give name and address to which correspondence about this application should be sent: Name/Address/Apt./City/State/Zip

b Area code and daytime telephone number ( ) Fax number ( )  
Email

CERTIFICATION\* I, the undersigned, hereby certify that I am the

Check only one ▼

☐ author

☐ owner of exclusive rights(s)

☐ other copyright claimant

☐ authorized agent of

Name of author or other copyright claimant, or owner of exclusive rights(s) ▼

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Signature ▼ Date

Certificate will be mailed in window envelope to this address:

Name ▼

Number/Street/Apt. ▼

City/State/Zip ▼

YOU MUST:

\* Complete all necessary spaces

\* Sign your application in space 8

SEND ALL 3 ELEMENTS IN THE SAME PACKAGE:

1. Application form

2. Nonreturnable filing fee in check or money order payable to U.S. Copyright Office

3. Deposit material

MAIL TO:

Library of Congress

U.S. Copyright Office-SR

101 Independence Avenue SE

Washington, DC 20529-4000

\*17 U.S.C. §506(d): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

Form SR-Full Rev: 05/2019 Printed on recycled paper



# BUDGET- FUNDING

- PRIZAR ENTERTAINMENT IS PRIMARILY SELF-FUNDED BY THE FOUNDER, JAKE BERG
- FAMILY AND FRIENDS OF MR. BERG HAVE ALSO CONTRIBUTED TO THE START-UP OF PRIZAR ENTERTAINMENT THROUGH BOTH PHYSICAL ASSISTANCE AND FINANCIAL SUPPORT.
- A PARTNERSHIP WITH BORN INTO ROYALTY (RECORDING STUDIO) IS CURRENTLY IN DEVELOPMENT.
- PRIZAR ENTERTAINMENT REGULARLY WORKS WITH SEVERAL ORGANIZATIONS THAT ALSO HELP GATHER NEW CLIENTS. WHILE THIS IS NOT AN OFFICIAL PARTNERSHIP, WE HELP EACH OTHER OUT TO GROW TOGETHER.



# BUDGET- STARTUP COSTS

<i>Startup Costs</i>				
<u>Item</u>	<u>Description</u>	<u>Cost</u>	<u>Quantity</u>	<u>Total</u>
LLC Registraion	Registration Fee	\$135.00	1	\$135.00
Logo	Trademark Registration	\$250.00	1	\$250.00
Apple Mac Studio	Computer	\$2,800.00	1	\$2,800.00
Adam A7x	Studio Monitor	\$750.00	2	\$1,500.00
Adam Sub 10	Studio Subwoofer	\$1,800.00	1	\$1,800.00
Presonus Faderport 16	Control Surface	\$1,000.00	1	\$1,000.00
Presonus Central Station	Monitor Controller	\$660.00	1	\$660.00
Avantone Pro CV-12	Large Diaphram Condensor Microphone	\$500.00	2	\$1,000.00
Shure SM 7B	Dynamic Microphone	\$400.00	1	\$400.00
AKG C414 XLS	Condensor Microphone	\$1,155.00	2	\$2,310.00
Acoustic Treatment	Absorbtion Panels (Custom Built by me)	\$150.00	4	\$600.00
Acoustic Treatment	Cloud (Custom Built by me)	\$500.00	1	\$500.00
Acoustic Treatment	Difussers (Custom Built by me)	\$430.00	2	\$860.00
Total				\$13,815.00



# BUDGET- OPERATING COST

<i>Operation Budget</i>				
<u>Item</u>	<u>Description</u>	<u>Cost</u>	<u>Quantity</u>	<u>Total</u>
Office Supplies	Paper, ink, pens, etc	\$30.00	Monthly	\$30.00
Cleaning Supplies	Multipurpose cleaners, paper towels,	\$20.00	Monthly	\$20.00
Rent	Rent for studio space	\$1,300.00	Monthly	\$1,300.00
Water	Water Service for studio	\$75.00	Monthly	\$75.00
Electricity	Electric Service for studio	\$350.00	Monthly	\$350.00
Liability Insurance	General Liability for Live Events	\$55.00	Monthly	\$55.00
Other Utilities	Other Utilities services for studio	\$300.00	Monthly	\$300.00
Supplies for Lounge	Snacks, coffee/tea, charging station, etc.	\$150.00	Monthly	\$150.00
Total				\$2,280.00





[PRIZARENTERTAINMENT.COM](http://PRIZARENTERTAINMENT.COM)