



Eastern Caribbean Collective Organisation for Music Rights (ECCO) Inc.

Registered Office: Julian Charles Road, Sans Souci, P.O. Box CP5380 Castries, St. Lucia

Tel: (758) 451 6436/ 452-6102 ~ Fax: 451 6437

Working on behalf of performers, creators and publishers of music to administer their performing, mechanical and neighbouring rights.

APPLICATION FOR COPYRIGHT MUSIC LICENCE

| Particulars | | | |
|-----------------------------|--|------------|---------------|
| Name of Management | | | |
| Name of Premises | | | |
| Mailing Address of Premises | | | |
| Telephone Number | | Fax Number | Email Address |
| | | | |

BANKS, OFFICES & INDUSTRIAL PREMISES

| Background Music | Particulars |
|--|-------------|
| No. of employees to whom music will be audible at their work stations | |
| Estimated no. of weeks on which performances will take place during the year | |
| Area/square footage where music will be audible to members of the public | SQ FT. |
| | |
| MUSIC ON HOLD | |
| Do you use a music-on-hold facility on your switchboard? If YES, please state: | |
| Name of supplier and Number of external lines on switchboard | |

SHOPS & STORES

| Background Music | Particulars |
|--|-------------|
| Area where music will be audible (e.g. shop, store, casino, foyer, lounge etc.) | |
| Area/square footage where music will be audible | SQ FT. |
| Means by which music will be performed (e.g. Radio, CD Player, Television, etc.) | |
| | |

DANCE SCHOOLS, STUDIOS & CLUBS

| Background Music | Particulars (Please indicate nature) |
|-------------------------|--------------------------------------|
| Dance Schools & Studios | |
| Dance Club | |

FITNESS CENTRES & GYMS

| Background Music | Particulars |
|---|-------------|
| Aerobic, Keep Fit Classes and Gymnasium | SQ Ft. |

EXHIBITIONS & TRADE FAIRS

| Background Music | Particulars |
|--|-------------|
| Rooms where performances take place (e.g. hall, grounds etc.) | |
| Area/square footage where music will be audible to members of the public | SQ. FT. |

| |
|--------------------|
| Declaration |
| |

I declare that all information disclosed above is true to the best of my knowledge and undertake to pay to ECCO upon assessment in accordance with ECCO's prescribed and current rates.

| | | |
|-------------|--|---------------|
| Name | | Company Stamp |
| Designation | | |
| Date | | |
| Signature | | |

Licence No: _____ **Licence Year:** _____

Licence Fee: _____ **Tariff:** _____

Remarks: _____

| <u>Payments</u> | <u>Amount</u> | <u>Date</u> | <u>Receipt No</u> | <u>Balance</u> |
|-----------------|---------------|-------------|-------------------|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

LICENSING REPRESENTATIVE: _____

The Society, by its duly-authorized agent, shall have the right of entry to the Premises at all reasonable times but only for the purpose of checking the particulars on which the Royalty is assessed.