



Eastern Caribbean Collective Organisation for Music Rights (ECCO) Inc

Julian Charles Road, Sans Soucis, P.O. Box CP5380 Castries LCO4 301, Saint. Lucia
Tel: 451 6436 | 452 6102 | 285-0404 ~ Fax: 451 6437 ~ Email: ecco@eccorights.org

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

APPLICATION FOR A COPYRIGHT MUSIC LICENCE FOR CLUBS AND DISCOS

Name of premises.....

Full postal address.....

.....

.....

VAT Registration No.....

Date when musical performances began or will begin.....

If the premises will open for only a season of the year please state starting and finishing dates of that season:

From :..... To :.....

**Please complete in CAPITALS each section of this form and return it to the Society.
Write “None” or “Nil” where appropriate – DO NOT LEAVE BLANKS.**

FEATURED MUSIC (LIVE OR RECORDED)

CLUBS, DISCOS AND OTHER VENUES

Details of sessions	Room or area	Estimated number to be held	Estimated admission receipts	Estimated expenditure on musicians	Room capacity	Floor area (sq. feet)
DANCES						
CLUB						
DISCOTHEQUES						

BACKGROUND MUSIC IN LOUNGES, BARS, RESTAURANTS, DINING ROOMS AND IN SIMILAR ROOMS WHERE SEATING IS PROVIDED

ROOM DESCRIPTION e.g. Lounge, restaurant, bar, dining, dancehall, room etc.	SEATING CAPACITY	TELEVISION REC' D BY CABLE/SATELITE	TELEVISION	RADIO	RECORD, CD OR DVD PLAYER	MUSIC CENTRE	RADIO CASSETTE	VIDEO WITH OR WITHOUT TV SCREEN

DECLARATION

To: EASTERN CARIBBEAN COLLECTIVE ORGANISATION FOR MUSIC RIGHTS

Please state the royalty charge for the Society's licence. The foregoing particulars are correct to the best knowledge of the undersigned. This declaration does not bind me/us to take a licence from the EASTERN CARIBBEAN COLLECTIVE ORGANISATION FOR MUSIC RIGHTS, but it is agreed that it shall form the basis of any such licence:

Signature of applicant.....
(Please state function: e.g., PROPRIETOR/DIRECTOR/FINANCIAL CONTROLLER etc.)

Company name (CAPITAL LETTERS PLEASE)

Applicant's name (CAPITAL LETTERS PLEASE)

Full postal address (CAPITAL LETTERS PLEASE)

Email Address

Tel. No. Fax No. Date.....