



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

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*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 RESTAURANTS, BARS AND CAFES

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)**

**CONCERTS, CABARET, VARIETY, DANCES, HOTELS, RESTAURANTS, BARS, KARAOKE,  
DISCOTHEQUES 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)
<b>Concerts, cabaret, variety, dances, karaoke and discotheques</b>						

**MUSIC PERFORMED BY A SINGLE INSTRUMENTALIST (e. g. GUITARIST)  
AT AN OUTDOOR VENUE FOR NOT MORE THAN 2 HOURS DAILY**

<b>Number of days</b>		<b>Room capacity (if indoors)</b>	
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**BACKGROUND MUSIC IN LOUNGES, BARS, RESTAURANTS, DINING ROOMS AND IN SIMILAR ROOMS WHERE SEATING IS PROVIDED**

ROOM DESCRIPTION e.g. Lounge, restaurant, bar, dining 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.....