

Copyright Music Organisation of Trinidad and Tobago

Registered Office: 139-141 Abercromby Street, Port of Spain, Trinidad.
 Tel: (868) 624-COTT/2688, 657-2688, 635-2688 Fax: (868) 623-4755
 Email: licensing@cott.org.tt Website: www.cott.org.tt



APPLICATION FOR COPYRIGHT MUSIC LICENCE

Particulars			
Name of Management			
Address of Management			
Telephone Number		Fax Number	
Mobile Number			
Name of Premises			
Address of Premises			
Telephone Number		Fax Number	
Nature of Business/Activity			
Amusement Park, Circus		Exhibition, Trade Fair	
Bazaars & Fairs		Fashion Show, Pageant, Convention, Assembly	
Buses, Taxis		Fitness Centre, Gymnasium, Aerobics Studio	
Carnival Events		Hotel, Guesthouse	
Concerts & Events		Restaurant, Bar	
Cinema		Office, Bank, Industrial Premises	
Club, Discotheque, Karaoke		Sports Ground, Stadium	
Disc Jockey, Karaoke Operator		Shop, Store, Retail Premises, Shopping Complex	
Dance School/Studio		Waiting Room, Small Premises:	
Music on Hold		Others, please specify:	

Types of Entertainment Provided			
<i>Nature of Entertainment (Please tick where appropriate)</i>			
Live Band, Artistes Performance		Karaoke	
Disc Jockeys		Piped-in/Background Music	
Maximum Capacity of Premises	Maximum Seating Capacity of Persons		
Floor Area of Premises	ft ²	Area of Shop Space	ft ²
Audible to Employees	No. of Employees	Audible to Public	ft ²
No. of (hotel bed) rooms		No. of elevators	
<i>Audio /Audiovisual Equipment</i>			
Television	No.:	Compact Disc/Tape Player/Music Centre	No.:
Radio	No.:	Video Screens	No.:
Incoming Tel. Lines	No.	No. of Relay Points	
<i>Computer Multimedia</i>			
No. of computer units / terminals:			
<i>Estimated Number of Events Per Year</i>			
Estimated Number of Events to be held:		Estimated Admission Receipts:	
Estimated Attendance:		Estimated No. of classes	
Estimated Expenditure on Music:			
Date on which music usage commenced			
(The commencement Date)			
Declaration			

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

REFERRALS:

LICENSING REPRESENTATIVE: HEAD OFFICE