



HEAD OFFICE: 139-141 Abercromby Street,
Port of Spain, Trinidad

PHONE: 624-COTT/ 2688

BRANCHES: 129C Coffee Street, San Fernando
Suite 19, Crooks River Mall, Scarborough

PHONE: 657-COTT/ 2688
PHONE: 635-COTT/ 2688

APPLICATION FOR COPYRIGHT MUSIC PERMIT

Particulars

Name of Promoter/Organiser			
Address			
Telephone/Cell Number		Fax Number	

Details of Event

Name of Event

Nature of Event (Please give a brief description of event)

Attractions of Event (Please tick where appropriate)

Live Band Performance		Disc Jockeys	
Karaoke & Singing by Artistes		Dinner & Dance	
Dance Performance		Background Music by Stereo & Other Players	
Fashion & Beauty Shows		Films & Video Presentations	
Others, please describe:			

Admission Charges (Please tick as appropriate)

Yes		No		If yes, please provide breakdown of admission prices & allotment of tickets
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Admission Price	No. of Tickets Allotted (Per Show)
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If no, Gross Expenditure on Music

Date, time & place of event

Date & Show times	Venue/Premises
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Total number of people expected to attend the event:

Maximum holding capacity of venue / premises

Venue	Full Seating/Standing Capacity
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Do you intend to use music in advertising this event:	Yes		No	
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If yes, please complete attached Application for Commercial Advertising Licence

I hereby declare that all information given is true to the best of my knowledge and undertake to pay to COTT the permit royalties due under this application. I understand that fees will be assessed based on the appropriate and current tariff as determined by the Organisation. I shall also complete and submit the Programme Return Form as may be required by the Organisation within 7 days of the completion of the event/performance.

Where royalties are assessed based on ticket takings, I shall furnish the Organisation with certified statements of receipts for assessment of royalties and settle any additional sums due not later than 7 days after the event takes place. Without prejudice to COTT's rights to verify and ascertain such further claims based on actual gross receipts, all interim payments made by me, whether in full or in part, shall become non-refundable upon expiry of the 7-day period.

Permit to be issued to:		<i>(Company's Name)</i>
Name		Company Stamp
Designation		
Signature		
Date		

