



BUSKING PERMIT APPLICATION FORM

Please read the Busking Guidelines before completing this application.

Office Use Only:	
Date Received:	
TRIM Ref: /	
Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approving Officer:	
Application Details	
Contact Name:	
Telephone:	
Email Address:	
Postal Address:	
Preferred Contact Method:	<input type="checkbox"/> Email <input type="checkbox"/> Post Please help us be sustainable by selecting the email option.
Activity	
Character Name / Stage Name:	
Number of buskers (up to four per group):	
Please list the names of all the buskers in the group:	
Type of activity (i.e. singer with acoustic guitar, pavement artist, juggler):	
Type of musical instrument(s) (if applicable):	
Items to be placed on footpath (if applicable):	
Proposed location of activity:	
Proposed time of activity:	
Parental Consent	
<p>The below parental consent is required for each busker in the group ages 16 years and under. I (parent or guardian) of (address) hereby consent to my child (name) to busk in the Kingston City Council Local Government Area.</p> <p>I understand that Kingston City Council provides no supervision for buskers and that all buskers must agree to adhere to Kingston City Council's Busking Guidelines.</p>	
Signature:	
Print Name:	
Dated:	
Insurance	
<p>The permit holder indemnifies Council against all suits, proceedings, judgements, claims, demands, costs, expenses, losses or damages for which Council becomes or may become liable in relation to the death or injury to any person or the damage to any property in connection with the busker activity as authorised by the permit whosoever arising, except to the extent that Council is negligent.</p>	



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Do you hold your own Public Liability Insurance:	<input type="checkbox"/> Yes Please submit a copy of your current certificate of currency to the value of 20 million dollars along with this application. <input type="checkbox"/> No If you selected no, please contact the Arts and Cultural Development on 9556 4440.
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Contact Details Permission

The City of Kingston is collecting the personal information requested on this form for the purpose of issuing and enforcing permits for buskers within the City of Kingston in line with its Local Law No. 5. The personal information will be used solely by the City of Kingston for this primary purpose. You are obliged by law to provide your name and address. If you do not provide the personal information requested, Council may be unable to process your application. Council is collecting this personal information from you in order to identify and process your application.

From time to time requests are received in this office for the names, addresses and telephone numbers of buskers (usually from people wishing to engage the services of the busker). Please tick appropriate box.

Yes. I am agreeable to my details being given. No. I do not wish my details to be given out.

Privacy Statement

Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information will be held securely and used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required or permitted by legislation. The applicant understands that the personal information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer. A full copy of our Privacy Policy may be obtained from the Kingston website: <http://www.kingston.vic.gov.au> or from one of our Customer Service Centres.

Declaration

I/we declare that I am the applicant; and that all information in this application is true and correct. I have read and accepted the Busking Guidelines and the terms and conditions therein. I/we agree to comply with all permit conditions, local laws and all relevant legislation (see website for Guidelines). I/we will ensure that the permit is not transferred or assigned to another party. I acknowledge that failure to comply with these conditions will result in cancellation of the permit.

Signature:	
Print Name:	
Dated:	

Contact

Please forward your application to:
 Arts and Cultural Development Coordinator
 City of Kingston
 PO Box 1000
 Mentone VIC 3194
 Email: info@kingston.vic.gov.au
 If you have any queries please contact 9556 4440.

Office Use Only:

Assessment	Yes	No
Activity approved:		
Parental consent (if under 16):		
Insurance:		
Read and accepted the Busking Guidelines:		