

# BUSKING INSURANCE APPLICATION FORM

Submit this form with payment to obtain Public Liability Insurance.

Office Use Only:	
Date Received:	
TRIM Ref: /	
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):	
Proposed location of activity:	
Proposed date / time of activity:	
Parental Consent	
<p>The below parental consent is required for each busker in the group ages 16 years and under to apply for Public Liability Insurance through Council.</p> <p>I (parent or guardian) of (address) hereby consent to my child (name) to apply for Public Liability Insurance 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> <p>Signature:</p>	
Print Name:	
Dated:	
Insurance	
<p>If insurance is obtained through Council, 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 busker activity whatsoever arising, except to the extent that Council is negligent.</p>	
Privacy Statement	
<p>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 website: <a href="http://www.kingston.vic.gov.au">http://www.kingston.vic.gov.au</a> or from one of our Customer Service Centres.</p>	



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## Declaration

I/we declare that I am the applicant; and that all information in this application is true and correct.

Signature:

Print Name:

Dated:

## Office Use Only:

Cashier code RC – PLI \$33 includes GST (per twelve month period)

Receipt Number:

Payment Made By:

Cheque  Cash  Card

G.L. code:

2602.1520

## Payment Details

† **IN PERSON:** Present the enclosed form to a Kingston City Council Customer Service Centre listed below. Please note payment options include credit card, EFPOS or cash.

### Cheltenham (Main Office)

1230 Nepean Highway  
Cheltenham 3192  
Melways Ref: 86 J2  
Hours: Mon-Fri, 8.30am-5.30pm

OR

### Chelsea

1 Chelsea Road,  
Chelsea 3196  
(Co-located with the Library)  
Melways Ref: 97 B1  
Hours: Mon-Fri, 10am-4.30pm

**MAIL:** Send a cheque or money order with this form to Kingston City Council Customer Service:

**Kingston City Council  
PO Box 1000  
MENTONE VIC 3194**

Cheque and money orders to be made payable to: Kingston City Council crossed "Not Negotiable Bank A/C Payee Only". DO NOT Send Cash in the Post.

## PARTICULARS OF CHEQUE, ETC

DRAWER	BANK	BRANCH

*NOTE: If a cheque is not honoured upon presentation, payment shall be deemed not to have been paid.*