

CENTRAL COAST COUNCIL BUSKING APPLICATION

Application Fee: \$20.00 for 12month period

Applicant's Full Name:	Date of Birth:
Postal Address:	
Phone Number:	Mobile Phone Number:
Email Address:	
Performance Details	
☐ Solo	☐ Instrumental ☐ Mime/Statue ☐ Poet ☐ Pavement
Art □ Other	☐ Juggling (non-dangerous implements)
Performance Description	
Will your performance be a	mplified? Yes No (If yes, please note <u>only battery powered amplifiers</u> are allowed)
Dayantal (Counding Coun	4 Details (if applicant is under 10)
	nt Details (if applicant is under 18) t be present when application is made.
I (please print)	Of (please print address)
(please print)	Or (please print address)
Hereby consent to my child or ward (please print name of child or ward)	
I understand that:	
1. Central Coast Council provides no supervision of Buskers under the age of 18 years; and buskers under the age of 18 are subject to	
the Terms and Conditions of the Central Coast Council Busking Policy.	
2. I have read, understood, and explained to by child/ward, the Terms and Conditions of the Central Coast Council Busking Policy and	
Guidelines, and hereby ag	·
Parent/Guardian Signatur	e:
Contact Phone Number:	
Date:	
Busker's Declaration	
	following information to be true and correct:
I will provide photo identification at the time of lodgement.	
I will display my Central Co	past Council Busking Approval Card in a prominent position close to where I am performing at all times.
I will make my Busking Approval Card available for inspection by an authorised officer of Council upon request and follow any	
lawful direction issued by that officer. • I will not transfer this permit to any other person.	
•	understood the Terms and Conditions of the Central Coast Council Busking Policy and Guidelines and
agree to be bound by thei	
Applicant Name:	
Applicant's Signature:	
Date:	
Lodgement (FOR OFFICE L	JSE ONLY)
Date Lodged:	Date Paid:
Busking Approval Card	Copy of photo
No:	identification attached:

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