



CENTRAL COAST COUNCIL BUSKING APPLICATION

Application Fee: \$20.00 for 12 month period

Applicant's Full Name:		Date of Birth:	
Postal Address:			
Phone Number:		Mobile Phone Number:	
Email Address:			

Performance Details				
<input type="checkbox"/> Solo	<input type="checkbox"/> Duo	<input type="checkbox"/> Instrumental	<input type="checkbox"/> Mime/Statue	<input type="checkbox"/> Poet
<input type="checkbox"/> Pavement Art	<input type="checkbox"/> Other	<input type="checkbox"/> Juggling (non-dangerous implements)		

Performance Description
Will your performance be amplified? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please note <u>only battery powered amplifiers</u> are allowed)

Parental/Guardian Consent Details (if applicant is under 18) <i>A parent or guardian must be present when application is made.</i>
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I (please print)	Of (please print address)
<input type="text"/>	<input type="text"/>
Hereby consent to my child or ward (please print name of child or ward)	
<input type="text"/>	

- I understand that:**
- 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.
 - 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 agree to abide by such.

Parent/Guardian Signature:	
Contact Phone Number:	
Date:	

Busker's Declaration

I, the undersigned, declare the following information to be true and correct:

- I will provide photo identification at the time of lodgement.
- I will display my Central Coast 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.
- I have received, read and understood the Terms and Conditions of the Central Coast Council Busking Policy and Guidelines and agree to be bound by their conditions.

Applicant Name:	
Applicant's Signature:	
Date:	

Lodgement (FOR OFFICE USE ONLY)
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Date Lodged:		Date Paid:	
Busking Approval Card No:		Copy of photo identification attached:	
Receipt No:			