

Application for busking permit

Community Local Law No. 2

Applicant details	Name:	
	Address:	
	Phone:	Mobile:
Proposed location		
Type of entertainment/ instruments		
Performance dates	Start date:	End date:
Performance times		
Day	Start time	End time
Monday - Friday	am/pm	am/pm
Saturday	am/pm	am/pm
Approval of businesses	Have you attached written approval from the business proprietors situated adjacent to the location you intend to perform? <u>Written approval is required.</u> <input type="checkbox"/> Yes	
Public liability insurance and Permit fees	Do you have your own public liability insurance? <input type="checkbox"/> Yes – Please attach a copy with your application. + \$10 Permit fee for up to 5 days. \$5 per day thereafter. <input type="checkbox"/> No – You need to apply for Council's Casual Hirer's insurance. + \$10 Permit fee for up to 5 days. \$5 per day thereafter. + \$25 for Council's Casual Hirer's insurance (conditions apply). Please complete application form on reverse.	

Permit conditions

1. No amplified music.
2. You must not perform on the walkway zone. (Must be at least two metres from the shop front window).
3. Music noise must not be audible 20 metres from the source.
4. Busking will only be allowed to take place between the hours of 9:00 am and 5.30 pm, Monday to Friday and 9:00 am to 12 noon on Saturdays.
5. The permit is only valid for the timeframe stated on the Council issued certificate
6. You may only play for a maximum of 30 minutes at any one time and then a minimum ten minute break must be taken.
7. You must not interfere with any other authorised busking acts that may be performing at the same time as you.
8. You must not solicit money or interfere with any members of the public.
9. You must obey any direction given to you by a member of Victoria Police or a Council Authorised Officer.

Declaration and signature

I understand and agree to abide by the conditions as set out by Swan Hill Rural City Council and that permission will be subject to compliance with those conditions as stated above.

Signature of Applicant: _____ **Date:** _____

The personal information requested on this form is being collected by Council for the provision of a Busking Permit. This information will be used solely by Council for that purpose. If this information is not collected, then this may impact on the assessment of the Application. The applicant understands that the personal information provided is for the efficient assessment of a Busking Permit, and that he or she may apply to Council for access to and/or amendments to the information. Requests for access and/or correction should be made to Council's Privacy Officer.

OFFICE USE ONLY			
Date paid	Amount paid: Receipt No. (type 75)	Permit No.	Date Issued:

Casual Hirers Public Liability Insurance Form

Venue			
Name of Organisation/Hirer			
Applicant details	Name:		
	Address:		
	Phone:	Mobile	
	Email:		
Purpose for hiring			

Hiring dates and times		
Dates:		
Day	Start time	End time
Monday - Friday	am/pm	am/pm
Saturday	am/pm	am/pm

Public liability insurance conditions

1. Casual hirers
2. Fee \$25.00 per hire
3. No inconvenience being caused to the public
4. Compliance with any instructions given by a Council Officer
5. The venue being hired for community (non commercial) type functions
6. No cover for festivals, events, rock concerts or sporting type activities
7. No cover for more than 5 consecutive days or more than 52 times per year per hirer
8. No more than 1,000 people will be in attendance
9. Only cover hirer, not other participants or service providers
10. Insured will pay the first \$250 of each and every claim or series of claims
11. The function will be safe, well supervised and well managed
12. The site is left in a clean and tidy condition

For any queries or more information please contact Regulatory Services on (03) 5036 2346 during office hours or email locallaws@swanhill.vic.gov.au.

Declaration and signature

I/We acknowledge all of the conditions set out on the front of this form by the Swan Hill Rural City Council and agree to abide by these conditions.

Name of Applicant: _____ **Position:** _____

Signature of Applicant: _____ **Date:** _____