**BUSKING PERMIT**

**APPLICATION FORM**

Community Local Law No. 2 5.4 Street Activities

|  |  |  |
| --- | --- | --- |
| Section 1: Application Details | | |
| Date: |  | |
| Title: | Mr Mrs Ms Miss Other | |
| Full Name: |  | |
| Group/Club/School Name: |  | |
| Is the application for a group with more than five (5) members? | Yes *If yes, an exemption must be approved (see Guidelines)*  No | |
| Residential Address: |  | |
| Postal Address: (if different) |  | |
| Telephone: | M: | H: |
| Email Address: |  | |
| Preferred Contact Method: | Email Post*Please help us be sustainable by selecting the email option* | |
| Section 2: Proof of Identity |  | |
| Photo Identification must be submitted with this application. *Please select one option* If the applicant is under the age of 18 years, photo identification is required of the parent or guardian who will accompany the child when the application is lodged. | Proof of age Card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Drivers Licence Card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Passport Card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Working with Children Check Card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Section 3: Activity | | |
| Character Name / Stage Name: |  | |
| Type of activity (i.e. Singing, Dance, Mime, Playing Instrument, Magic): |  | |
| Items to be placed on footpath (if applicable): |  | |
| Location/s: | Riverfront Precinct CBD Precinct Other*If Other, please provide details*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Section 4: Working with Children | | |
| Is your performance focused or directed toward children? | Yes *If yes, a Working with Children Check must be attached with this application*  No | |

|  |  |  |
| --- | --- | --- |
| Section 5: Insurance | | |
| 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 authorised by the permit whosoever arising, except to the extent that Council is negligent. | | |
| I have current Public Liability Insurance*Attach a copy of your Certificate of Currency* I wish to purchase Council’s Public Liability Insurance Policy  *Payment of $33.00 is payable at time of lodging this application* | | |
| Specific Exclusions | | |
| This Policy does not indemnify Council for their legal liability arising from the use, operation or provision of any council facilities provided for hire, use or operation by others or for any other business conducted by council in connection with such facilities. | | |
| *By signing this declaration, I acknowledge this policy does not cover the following activities:* | | |
| * Property damage or personal injury sustained whilst participating in any game, match, race, practice, trial, or other sporting activity * Property damage or personal injury arising out of sporting activities/demonstrations conducted by stallholders * Children’s rides and animal rides * Amusement rides and devices * Inflatable recreation equipment * Sexual Abuse * Total listed human disease exclusion | | * Rock/Pop concerts * Security Personnel * Fireworks/Pyrotechnics * Child Minding/Child Care Services * Claims for personal injury or property damage arising from any participation by spectators * Claims for personal injury or property damage arising from use by buskers of knives, swords (including theatrical knives and swords) or any activity involving the use of fire |
| Deductible/Excess | | |
| The applicant nominated on this form shall bear the first $1,000.00 of each and every claim or series of claims arising out of any one occurrence. | | |
| Section 6: Privacy Statement | | |
| Mildura Rural City Council collects Personal and or Health Information for municipal purposes as specified in the Privacy and Data Protection Act 2014. The information collected in this form is used only for the purposes specified (primary purpose) and is not passed on to third parties. Council may disclose this information but only if authorised or required by law. Council may not be able to process your request unless sufficient information is given. Should you need to change or access your personal details, or you require further information regarding Council’s Privacy Policy please contact Council’s Privacy Officer. | | |
| Section 7: Declaration | | |
| I declare I have read and understand the principles, requirements, terms and conditions detailed in the Mildura Rural City Council Busking Guidelines (Riverfront and CBD) and/or Riverfront and CBD Policy (CP003)I agree to ensure my conduct and performance/s complies with the guidelines, and policy at all times and understand that failure to do so could result in the permit being revoked. | | |
| Signature: |  | |
| Print Name: |  | |
| Dated: |  | |

|  |  |
| --- | --- |
| Section 8: Parental Consent | |
| The below parental consent is required for buskers under the age of 18 years to apply for a Busking Permit through Council.I parent/guardian hereby consent my child to apply for a permit to busk in the Mildura Rural City Council municipality. I understand that Mildura Rural City Council provides no supervision for buskers and that all buskers must agree to adhere to Mildura Rural City Council’s Busking Guidelines (Riverfront and CBD) and/or Riverfront and CBD Policy (CP003) | |
| Signature: |  |
| Print Name: |  |
| Dated: |  |
| Section 9: How to apply | |
| In Person | Present this completed Busking Permit Application Form to Mildura Rural City Council Customer Service Centre listed below along with your Photo Identification, Public Liability Certificate of Currency or payment for Council’s Public Liability Insurance and Working with Children Check (if applicable).Please note payment options include cash, cheque or EFTPOS (credit and debit cards accepted).Madden Avenue Service Centre108 Madden Avenue Mildura VIC 3500 |
| Office Use Only: | |
| Customer Service – Public Liability Payment Details | |
| Cashier Code: | 174 |
| Receipt Number: |  |
| Payment Method: | Cheque Cash Card |
| Civic Compliance | |
| Permit Approved: | Yes From \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_No |
| Name of Authorised Officer: |  |
| Signature: |  |
| Date: |  |
| File Number: |  |
| Content Manager Reference: |  |