CENTRAL COAST COUNCIL BUSKING APPLICATION

Central Coast Council

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

☐ Solo   ☐ Duo   ☐ Instrumental   ☐ Mime/Statue   ☐ Poet
☐ Pavement Art   ☐ Other   ☐ Juggling (non-dangerous implements)

Performance Description

Will your performance be amplified? ☐ Yes   ☐ No   (If yes, please note only battery powered amplifiers are allowed)

Parental/Guardian Consent Details (if applicant is under 18)
A parent or guardian must be present when application is made.

I   (please print)   Of   (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 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)

Date Lodged:		Date Paid:	
Busking Approval Card No:		Copy of photo identification attached:	
Receipt No:			

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