

BUSKING PERMIT APPLICATION FORM

Please read the Busking Policy before completing this application.

Office Use Only:				
Date Received:				
Approval: ☐ Yes ☐ No				
Authorising Officer:				
Application Details				
Full Name:				
Telephone:				
Email Address:				
Residential Address:				
Postal Address:				
Preferred Contact Method:	Email	Post	Phone	
Activity				
Character Name / Stage Name:				
Number of Buskers:				
Please list the names of all the buskers in the group:				
Type of activity (i.e. singer with acoustic guitar, pavement artist, juggler):				
Type of musical instrument(s) (If applicable):				
Items to be placed on footpath (if applicable):				
Proposed location of activity:				
Proposed time of activity:				
Parental Consent				
The below parental consent is required for each busker in the group ages 16 years and under.				
I of (parent/guardian)	(address)	here	by consent to my child	to busk in the (name)
Mid Murray Council Local Government Area.				
I understand that Mid Murray Council provides no supervision for buskers and that all buskers must agree to adhere to Mid Murray Council's Busking Guidelines.				
Signature:				
Print Name:				
Dated:				

Mid Murray Council

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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 as authorised by the permit whosoever arising, except to the extent that Council is negligent.

Busking performances that are considered low risk i.e. performances or acts that have minimal potential to cause injury to the public or damage to property will not be required to provide proof of public liability insurance. However, it is recommended that buskers hold their own insurance.

Do you hold your own Public
Liability Insurance:

Yes Please submit a copy of your current certificate of currency to the value of \$10 million along with this application.

No If you selected no, please contact the Council Office on 8569 0100.

Privacy Statement

Personal information collected by Council is used for Council purposes as specified in the Local Government Act 1999. The personal information will be held securely and used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required or permitted by legislation. The applicant understands that the personal information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Records Officer.

Declaration

I/we declare that I am the applicant; and that all information in this application is true and correct. I have read and accepted the Busking Policy and the terms and conditions therein. I/we agree to comply with all permit conditions, local laws and all relevant legislation. I/we will ensure that the permit is not transferred or assigned to another party. I acknowledge that failure to comply with these conditions will result in cancellation of the permit.

Signature:	
Print Name:	
Dated:	

Contact

Please forward your application to: Mid Murray Council

PO Box 28

MANNUM SA 5238

Email: postbox@mid-murray.sa.gov.au

If you have any queries please contact 8569 0100.

Office Use Only:

Assessment	Yes	No
Activity approved:		
Parental consent (if under 16):		
Insurance:		
Photo Identification:		
Read and accepted the Busking Policy:		