

Please return this completed form with payment to:

PO Box 488, Swan Hill VIC 3585 | DX 30166 45 Splatt Street, Swan Hill VIC 3585 68-72 Herbert Street, Robinvale VIC 3549 Tel: 03 5036 2333 | Fax: 03 5036 2340 Email: council@swanhill.vic.gov.au

Application for busking permit

Community Local Law No. 2

Applicant details	Name:			
	Address:			
	Phone:	Mobile:		
	Email:			
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 business where you intend to	Business Name & Address:			
	Representative:			
perform. (Must be signed prior to approval).	Signature:	Date:		
Public liability insurance	Do you have your own public liability insurance?			
and permit fees	Yes - Please attach a copy with your application			
	+ \$12.00 Permit fee + \$6.00 per day No - You need to apply for Council's Casual Hirer's insurance			
	(see next page)			
	 + \$12.00 Permit fee + \$6.00 per day. + \$36.50 for Council's Casual Hirer's insurance (conditions apply) Please complete application form on reverse. 			
Permit conditions				
 Music should not be audible 2 Busking is permitted during but the permit is only valid for the You may only play for a maximum You must not interfere with an You must not solicit money or 	walkway zone. (Must be at least two metres from 0 metres from the source, unless otherwise approve usiness hours Mon-Sat unless otherwise approve	roved. ed. inimum ten minute break must be taken. forming at the same time as you.		
Declaration and signature				
I understand and agree to abide by compliance with those conditions a		City Council and that permission will be subject to		
Signature of Applicant:		Date:		
purpose. If this information is not collected, the	nen this may impact on the assessment of the Application. The mit, and that he or she may apply to Council for access to and	g Permit. This information will be used solely by Council for that applicant understands that the personal information provided is donated and the information. Requests for access and/or amendments to the information.		

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

Casual Hirers Public Liability Insurance Form

Venue					
Name of Organisation/Hirer					
Applicant details	Name: Address:				
Pr		Phone:		Mobile	
	Ema	il:			
Purpose for hiring					
Hiring dates and times					
Dates:					
Day		Start time	End tin	ne	
Monday - Friday		am/	pm	am/pm	
Saturday		am/	pm	am/pm	
 6. No cover for festivals, event 7. No cover for more than 5 co 8. No more than 1,000 people 9. Only cover hirer, not other p 10. Insured will pay the first \$25 11. The function will be safe, we 12. The site is left in a clean and 	used to ctions gommunts, rock onsecutivill be participated of eacell suped tidy commation	the public liven by a Council Officer lity (non commercial) type functions concerts or sporting type activities live days or more than 52 times per young tendence lints or service providers ch and every claim or series of claim rivised and well managed condition	ns	036 2346 during office hours	
Declaration and signa	J				
I/We acknowledge all of the coagree to abide by these condi		ns set out on the front of this form	by the Swar	n Hill Rural City Council and	
Name of Applicant:			Position:		
Signature of Applicant:			Date:		