



Application Form Busking

To: Local Laws Department
Frankston City Council
PO Box 490
Frankston 3199

Civic Centre
Corner Young and Davey Streets Frankston
Phone: (03) 9784 1917
Fax: (03) 9784 1981

APPLICANT DETAILS

Name:

Postal Address:

Phone: Home:

Bus.:

Mob.:

Fax:

I hereby apply for permission to busk in accordance with the information provided in this application. I have read the Busker' code of Conduct and agree to abide by its conditions. I understand the penalties that may apply if I do not abide by the code of conduct. I undertake to indemnify Frankston City Council from any and all claims and actions arising from the information supplied relevant to this application.

Date:

Applicant Signature:

Date:

Parent/Guardian Signature:

BUSKING DETAILS

- Period required: Two months – non-refundable permit fee of \$20
 Two months – No fee for performers under 16 years of age
 Six months – non-refundable permit fee of \$50

Date from:

Date to:

Type of busking conducted:

Selected merchandise associated with your performance may be sold with prior Council approval.

Do you intend to sell merchandise? No Yes Type:

Approval No Yes

Photo ID supplied: No Yes Type

Receipt Number:

Permit Expiry:

PENALTIES

Buskers who do not follow the Code of Conduct will be asked to stop their performance and may have their permit revoked. They may also be penalised under provisions of the General Local Law 2003, No. 7, including the issuing of an infringement notice with a penalty of \$100.00.

If a permit has previously been revoked, any future permits may not be issued.

Further Information

Frankston City Council reserves the right to recover compensation for loss or damage caused by interference or damage to its assets.

Privacy Statement

The personal information requested on this form is being collected by Council for the Busking permit application. This information will be used solely by Council for that primary purpose or directly related purposes and will not otherwise be disclosed without your consent or as required or permitted by law. You may apply to Council for access and/or amendment of the information.

Office Use Only

In Person (cash, cheque, EFTPOS)
Civic Centre, Davey Street, Frankston.
Seaford Shop, 120 Nepean Highway, Seaford.
Langwarrin Shop, Shop 6, Gateway Shopping Centre.

By Mail Send this Application Form with a not negotiable cheque or money order. (DO NOT SEND CASH)

By Phone Fax application to (03) 9784 1091 for phone credit card payments (Mon to Fri 8:20am-5:00pm)

Payee Name: _____

Address: _____

Account Code: RC 63

Amount: _____

\$ _____