

Application to Busk/ Street Entertainment

General Local Law No. 1 - Part 10 - Section 10.4

What you need to do for your application



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



Make a payment

Please supply your credit card details or include a cheque for payment of this application



Supporting Documents

Please ensure you attach all supporting documents to your application.

Fees Apply

**Permit fee
\$105.00 - 3 month
application.**

**Note: Under-16 no
fees apply.**

Office Use Only

RT 124

Receipt Number

Date Paid

Amount Paid

Collection of Information

Colac Otway Shire is committed to protecting your privacy. The personal information requested on this form is being collected by Colac Otway Shire for the purpose of an Application to Busk/Street Entertainment and other related purpose. The personal information may also be disclosed to Local Laws, Risk and OHS, Emergency Management, Health Protection, Building and Statutory Planning departments for the purpose of assessing if further approvals may be required for the event. It will not be disclosed to any other external party without your consent, unless required or authorised by law. If the personal information is not collected, the application for an event permit cannot proceed. If you wish to alter any of the personal information you have supplied to Colac Otway Shire, please contact Council via telephone on 5232 9400 or email inq@colacotway.vic.gov.au. Council's Privacy Policy is available from our website: colacotway.vic.gov.au/Council-the-shire/Council-policies and all Council Customer Service Centres.

Important Information

- **Persons under 16 years of age must be accompanied by a parent or guardian.**
- **Busking times are between 9.00am to 9.00pm ONLY**
- **Permission must be obtained from surrounding businesses prior to commencement of busking activity.**
- **Applicants must have Public Liability Insurance and complete an indemnity form.**

Your Details

First name

Last name

Residential or postal address

Best phone number to contact you on

Email

Performance or Activity Information

Description of performance or activities

Type of instruments (if applicable)

Application to Busk/Street Entertainment

Performance or Activity Information, cont.

Number of performers

Age of performers

Performance location

Start date

End date

Start time

End time

Additional Information

Please attach any additional relevant information that the Council may require to this submission

A requirement of this application is that the following indemnity form is completed and that the applicant has Public Liability Insurance in place.

Applicants must attach their Public Liability Insurance Policy "Certificate of Currency" with proof of \$20 million cover. Please be advised that it is the applicant's responsibility to ensure that their insurance policy covers the activity or event relative to the application.

A short term public liability policy is available for purchase from Council if required (Events - Pulic Liability Insurance Application).

Signature

Name

Signature (of Parent/Guardian if under-16)

Date

Form of Indemnity

What you need to do for your application



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



Supporting Documents

Please ensure you attach all supporting documents to your application.

Collection of Information

Colac Otway Shire is committed to protecting your privacy. The personal information requested on this form is being collected by Colac Otway Shire for the purpose of an Application to Busk/Street Entertainment and other related purpose. The personal information may also be disclosed to Local Laws, Risk and OHS, Emergency Management, Health Protection, Building and Statutory Planning departments for the purpose of assessing if further approvals may be required for the event. It will not be disclosed to any other external party without your consent, unless required or authorised by law. If the personal information is not collected, the application for an event permit cannot proceed. If you wish to alter any of the personal information you have supplied to Colac Otway Shire, please contact Council via telephone on 5232 9400 or email inq@colacotway.vic.gov.au. Council's Privacy Policy is available from our website: colacotway.vic.gov.au/Council-the-shire/Council-policies and all Council Customer Service Centres.

Form of Indemnity

THIS INDEMNITY is given the

day of

Y	Y	Y	Y
---	---	---	---

by (name of applicant)

(hereinafter called '**the indemnifier**') to the Council of the Colac Otway Shire (hereinafter called '**the Council**').

Whereas the indemnifier has applied to **the Council** for authority to use portion of a road or other public area within the municipal district under the Council's Local Law.

Now this indenture witnesseth that in consideration of **the Council** granting such authority **the indemnifier** indemnifies and will KEEP the Council INDEMNIFIED against any and for all damage to or loss or any equipment and property owned by or under the control of **the Council** in or adjacent to the area wherein the busk activity is situated and against any claim arising out of all injuries and damage suffered by any person whatsoever including **the indemnifier**, any employee or agent subcontractor or any customer of **the indemnifier** resulting from the use of the area in the manner and for the purpose aforesaid.

SIGNED by the said

Applicants name (please print)

Signature

In Victoria in the presence of

Witness name (please print)

Signature

Return your completed forms by post: PO Box 283, Colac, 3250, email: inq@colacotway.vic.gov.au or call into one of our service centres.

Colac Shire Offices, 2-6 Rae St, Colac | GORVIC 100 Great Ocean Rd, Apollo Bay

Payment by credit card

What you need to do for your application



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



Submit payment

Please attach this to the FRONT of your application/documents
This form will be destroyed upon completion of the payment process

Office Use Only

Application No

Amount

 \$

Receipt Type

Receipt No

Date

DO NOT SCAN - TO BE DESTROYED

Your Details

First name

Last name

Company

Best phone number to contact you on

Email

Residential or postal address

Description of payment (i.e. Rates, Permit Application, Invoice)

Amount to be charged

 \$

Amount in words

Credit Card Details

Name on card

Credit Card Number

VISA CARD

MASTERCARD

AMEX

Expiry Date

CIV

Signature