

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 137		
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

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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 s	ubmission	
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 reponsibility 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	
		D D M M Y Y	



Form of Indemnity

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Complete the form

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Form of Indemnity



Supporting Documents

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THIS INDEMNITY is given the	ay of YYYY			
by (name of applicant)				
(hereinafter called 'the indemnifier') to the Council of the Co	lac Otway Shire (herinafter 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 granding 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 peson 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			



Payment by credit card

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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	