

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 \$100.00 - 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

Number of performers		Age of performers	
Performance location			
Start date	End date	Start time	End time
D D M M Y Y			
Additional Information			
Please attach any additional r	relevant information that the Co	uncil may require to this s	ubmission
A requirement of this applicat	tion is that the following indemn	ity form is completed and	that the applicant has Public Liability
Insurance in place.	LI:- L:-L:I:A . I D-I: #Od	:6:48-0	of of \$000 million around Disease by advised
	blic Liability Insurance Policy "Cert bility to ensure that their insurance		of of \$20 million cover. Please be advised event relative to the application.
A short term public liability police	y is available for purchase from Co	ouncil if required (Events - P	ulic Liability Insurance Application).
Signature			
Name			
Signature (of Parent/Guardian in	f 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

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Form of Indemnity		
THIS INDEMNITY is given the	day of	YYY
by (name of applicant)		
(hereinafter called 'the indemnifier') to the Counc	cil of the Colac Otway Shire (herina	ifter called 'the Council').
Whereas the indemnifier has applied to the Coumunicipal district under the Council's Local Law.	incil for authority to use portion of	a road or other public area within the
Now this indenture witnesseth that in consideral and will KEEP the Council INDEMNIFIED against by or under the control of the Council in or adjace arising out of all injuries and damage suffered by a subcontractor or any customer of the indemnifier aforesaid.	any and for all damage to or loss on ent to the area wherein the busk act any peson whatsoever including the	or any equipment and property owned civity is situated and against any claim e indemnifier, any employee or agent
SIGNED by the said		
Applicants name (please print)	Signature	
In Victoria in the presence of		
Witness name (please print)	Signature	



Payment by credit card

What you need to do for your application



Complete the form

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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 yo	u on	Email		
Residential or postal address				
Description of payment (i.e. Rate	s, Permit Application, Invoice)			
Amount to be charged	Amount in words			
\$				
Credit Card Details				
Name on card				
Credit Card Number Expiry Date	CIV Signature	□ □ VISA CARD	☐ MASTERCARD	□ AMEX