



APPLICATION FOR BUSKERS

Date			
Applicant Information (please print)			
Name of Applicant			
Address:			
Postal Code		Phone	
Email address:			
Name of Performer (if diff from applicant)		Age	
Address:			
Postal Code		Phone	
Email address:			
Form of identification observed			

Privacy Disclaimer: The personal information on this form and the information on your ID card are collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* for the purpose of permit holder verification. The permit holder's name will be treated as public information, but any other personal information we collect will only be released in accordance with the MFIPPA or as required law.

Brief description of the act

Supporting Documentation/Information	Yes	No
If under the age of 16 years parental approval required		
Are you legally entitled to work in Canada		
Payment received (\$75.00 for six months May – Oct)		

Signature of Applicant

Date

I/we hereby apply for the following license and agree to observe and comply with all regulations pursuant to By-law No. 019-2015 and any amendments hereto, which pertain to the license for which I/We have made an application.

Decision (Internal Use Only)

- | | | |
|--|--|--------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Jury approved | <input type="checkbox"/> |
| <input type="checkbox"/> Approved with modifications | <input type="checkbox"/> Jury denied | <input type="checkbox"/> |

Clerk's office Signature

Date

Jury notes:

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