

Application for a Street Performing Permit

Name (s):	
Phone:	
Email address:	
Address:	
What type of performance	
Street performing/Busking	Footpath art
Are you performing as:	
An individual	A group (up to 4 people)
Tell us about your performa	ance
(singing, dancing, juggling, dra please tell us what instruments	awing on the footpath etc. If you are playing instruments, s you will be using.)
Footpath art (if applicable)	
Where will you be working? (tell us what location/s you will etc)	P Il be putting your footpath art e.g. CBD, Mosgiel, North Dunedin
I have read the Conditions 1	for Street Performing Yes / No
Signature	Date:

Parent/caregiver consent (if applicant is under 14 years of age)		
I, con:	sent to	
being issued with a street performing permit	.	
Signature		
Email address:	Phone:	
Address:		
your personal information in order to man Public Places Bylaw 2020. You must provi	your name and contact details. We collect age pthe permit process under the Trading in de this information to be issued a permit. y personal information we hold about you, and	
to ask for it to be corrected if you think it	is wrong. If you'd like to ask for a copy of your e contact us at dcc@dcc.govt.nz, or 03 477	
, , ,	be securely saved on our system and only all information will be securely destroyed when of this permit.	
Please return completed application to Du or in person to the Customer Services Cen	nedin City Council, PO Box 5045, Dunedin 9058 tre, Ground floor, Civic Centre.	
If you have any enquiries, please contact Customer Services on 477-4000.		

Issued by (print name)-

Date issued-

Office use only

Permit no.-