# City of Belmont Local Government Act 1995

## (City of Belmont Activities on Thoroughfares and Trading in Thoroughfares and Public Places Local Law)

### **APPLICATION FOR A STREET PERFORMERS PERMIT**

Please answer ALL questions		
Name		Date of Birth
Address		
Suburb		Post Code
Contact numbers	(H)	_ (W)
	(M)	-
Email		
Details of propose	ed street entertainment activity	
Nature of performa	ince	
Number of perform	iers:	
Specify any musica	al instruments, amplifiers, equipment, m	naterials or chemicals to be used:
Do you intend to ac	dvertise or sell any goods associated w	ith your performance? If so, please specify:
	and DOB of anyone proposed to be invo nt/guardian awareness required as per	olved in the performance who is under 14 Condition 3.1 of "Guidelines for Street



Performers"):

### Specify the proposed location where the performance will take place:

Kooyong Road Shopping Precinct				
Wilson Park Rivervale Sump Area				
Ruth Faulkner Public Library				
Belvidere Street Shopping Precinct				
Tomato Lake Reserve				
Garvey Park				
Epsom Avenue Shopping Precinct				
Love Street Shopping Precinct				
The Springs Rivervale:				
- Cracknell Park				
- Flame Tree Park				
- Shortland Jones Park				
Belgravia Street Shopping Precinct				
Volcano Park (Faulkner Park)				
Proposed performance dates and times:				
Dates:				



Times: \_\_\_\_\_

#### Public liability insurance

Please note that public liability insurance may be required depending on the nature of the proposed street entertainment activity. Please refer to the 'Guidelines for Street Performers' for guidance. If you currently hold a valid public liability insurance policy, please enter the details below:

Name of company/broker:
Policy number:
Expiry date:
Cover amount:

I declare that the information I have provided in this application is true and correct.

I have read the Guidelines for Street Performers and agree to adhere to the conditions contained within the Guidelines.

I understand that I will participate in activities which may expose me to certain risks and that I do so at my own risk and will not hold the City of Belmont liable for any injury, damage or loss caused to me or my property.

I agree to indemnify and keep indemnified the City of Belmont from and against all liability of any kind arising either directly or indirectly as a result of my street performance.

Applicants signature

Date

Date

Parent/Guardian signature (if applicant is under 18 years of age)

> PLEASE FORWARD APPLICATION TO: The Community Placemaking Team City of Belmont Locked Bag 379, Cloverdale WA 6105 Attention: Community Wellbeing Fax: 9478 1473 Placemaking@belmont.wa.gov.au

Enquiries to City of Belmont Community Placemaking – 9477 7454 or 9477 7409

