



## (SD-FO-221) BUSKER'S LICENCE

Application No: \_\_\_\_\_

Date Determined: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please read and complete ALL relevant sections.**  
**ORIGINAL FORMS ONLY** are to be used. Faxed copies are **NOT** acceptable.  
 Griffith City Council A.B.N. 81 274 100 792

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of Premises where busking will take place: \_\_\_\_\_ Business Name: \_\_\_\_\_

*If insufficient space attach a separate list*  
 No: \_\_\_\_\_ Street: \_\_\_\_\_  
 Business Name: \_\_\_\_\_

**A letter from the owners of these businesses stating they have no objection must accompany this application**

No: \_\_\_\_\_ Street: \_\_\_\_\_

Business Name: \_\_\_\_\_

No: \_\_\_\_\_ Street: \_\_\_\_\_

Business Name: \_\_\_\_\_

No: \_\_\_\_\_ Street: \_\_\_\_\_

Days and times of week that busking will take place

Day	Time
<input type="checkbox"/> Sunday	
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	

Required period of busking licence \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Form of busking \_\_\_\_\_

*If a musical instrument is to be used please list the instrument(s)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your declaration

I apply for a buskers licence to busk on the public footpath. I declare that all the information given is true and correct. I also understand that if the application is incomplete or does not comply with statutory requirements the application may be rejected/refused.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## FORM

(Blanks not to be photocopied.)  
(Printed on 22-Sep-14 at 15:09)

# (SD-FO-221) BUSKER'S LICENCE

---

Address the application to:

The General Manager  
Griffith City Council

and send it to us by any of the following methods:

**Mail:** PO Box 485  
GRIFFITH NSW 2680

**Courier or personal delivery:**  
Ground Floor  
1 Benerembah St, GRIFFITH

**How to contact us:**  
Phone: (02) 6962 8100  
Fax: (02) 6962 7161  
E-mail: [admin@griffith.nsw.gov.au](mailto:admin@griffith.nsw.gov.au)

**Web:** [www.griffith.nsw.gov.au](http://www.griffith.nsw.gov.au)

---

**Hours of Lodgement:** Monday – Friday 8.15 am – 4.00 pm.

### Accompanying Documentation

A letter from the owner of the businesses affected must accompany this application.

### Acknowledgement

We will acknowledge that we have received your application.

### Coming in to see us?

Our Customer Service Centre is located on the ground floor of the Griffith City Council Administration Building, 1 Benerembah St, Griffith.

<b>Approved:</b> Technical Support Officer	<b>Group / System:</b> Sustainable Development	<b>Document ID:</b> SD-FO-221	<b>Version:</b> 1
<b>Relevant To:</b>	<b>Date Issued:</b> 18 Jan 2011	<b>Revised:</b>	<b>Status:</b> Approved
			<b>Page:</b> 2 of 2