

Trading in Public Places Local Law 2014

Application for street entertainment permit

| Deta | ails of applicant | |
|------|--|--|
| Surr | name: | Given name: |
| Addı | lress: | |
| Sub | ourb: | Postcode: |
| ABN | N (if applicable): | |
| Tele | ephone: H | M |
| Ema | ail: | |
| Deta | ails of proposed street ente | ertainment activity |
| Natu | ure of performance: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Num | nber of performers: | |
| Spee | cify any musical instruments | or amplifiers to be used: |
| | | |
| | | |
| | | |
| | | |
| | | rth of anyone proposed to be involved in the ars of age (parent / guardian awareness required): |
| | | |
| Spe | cify the proposed location wl | here the performance will take place: |
| | Forrest Walk | Next to the post office on Rokeby Road |
| | Subiaco Train Station Other (please specify): | Library corner (corner of Bagot and Rokeby roads) |
| | | |

241 Rokeby Road, SUBIACO WA 6008 | PO Box 270, SUBIACO WA 6904 T 08 9237 9222 | F 08 9237 9200 | E city@subiaco.wa.gov.au | W www.subiaco.wa.gov.au



Proposed performance date(s) and time(s):

| Date(s): | | |
|----------|--|--|
| Time(s): | | |

Public liability insurance

Please note that public liability insurance may be required depending on the nature of the proposed street entertainment activity. For further information regarding this requirement please contact the city's Health and Compliance Services on 9237 9222.

If you currently hold a valid public liability insurance policy please enter the details below.

Name of company/broker: Expiry date:

Policy number:

Cover amount: \$

Please complete this form in full. Failure to do so will delay the assessment of your application.

| Cignoture of applicants | Deter |
|-------------------------|-------|
| Signature of applicant: | Date: |

If under 18:

| Name of | Signature of | | |
|------------------|------------------|-------|--|
| parent/guardian: | parent/guardian: | Date: | |

| OFFICE USE ONLY | | | | | |
|-------------------|----------|--------------|--|--|--|
| Application: | Approved | Not approved | | | |
| | | Date: | | | |
| Authorised Person | | | | | |