

Preferred Busker Application (Clause 32 Public Places Bylaw 2014)

Your details

Contact name _____

Address _____

Day time contact no _____ After hours contact no _____

Mobile no _____ Email _____

Proposed approximate busking times

Days per week _____ Hours per day _____

Preferred location(s) _____

Type of entertainment

Please describe your performance e.g. genre of music, singing, dancing, street performance and amplifier use.

I agree to abide by all the terms and conditions as laid down by Whangarei District Council in regards to this application

Please attach a photo of yourself

Applicant's signature

Date

Office use only

Receipt no

Date

Staff member's name

Date

Application form fully completed

Photo of applicant attached

Office use continued

Feedback notes

| | |
|--------------------|--|
| | |
| Shop or person | |
| Date | |
| Shop or person | |
| Date | |
| Shop or person | |
| Date | |
| Citysafe Officer | |
| Date | |
| WDC Representative | |
| Date | |

Application granted
 Application declined

Applicant informed of decision
 Permit Issued
 Date _____

Entered into database by _____
Name of Staff member

Terms and Conditions applying to this application

