

****Please allow two (2) weeks for request to be considered****

****We endeavour to support all requests, however in some instances the proposed activity or event may not be deemed appropriate and therefore may not be approved****

APPLICANT DETAILS

Name:

Organisation: (if applicable)

ABN:(if applicable)

Postal Address:

Daytime Contact Number:

Email Address:

Hereby make application to the City of Onkaparinga to busk on Council land at:

Address/location:

Start date

End date:

(maximum of 2 months)

between the hours of

and

Details of equipment I will bring:

Are you under the age of 16?

(if yes – attach consent of parent or guardian. Only permitted outside of school hours)

PUBLIC LIABILITY INSURANCE

Individuals meet the guidelines of the 'Ad-hoc and Occasional Hirers Insurance Policy' facilitated by Council. This insurance will be applied for an administration fee of \$15.00 (included below with the application fee).

Clubs, groups or companies must attach evidence of public liability insurance to a minimum of \$20 million to this application.

Site map indicating position of busking

If under 16, attach parent guardian consent

Evidence of payment of fee of \$9.00 plus the above administration fee of \$15.00 (non-refundable. To arrange payment you may visit one of our Council offices or call 8384 0666 and ask to speak with front counter staff who can arrange payment. Please quote 'PEREXE'. Include your receipt number below as evidence.

Subject to any variation by Council, any permit issued is subject to the general and/or special conditions which Council determines, including the provision of all appropriate insurances as required.

Your application will be considered by Council but may not be supported if concerns are identified which cannot be adequately managed by Council.

Click here to submit via email

By post or fax to:

Please submit application:

mail@onkaparinga.sa.gov.au



Permits and Licences Officers
City of Onkaparinga
PO Box 1
NOARLUNGA CENTRE SA 5168 Fax
8382 8744

Receipt – Office Use Only

Receipt Number (PEREXE):

Amount:

Date of Payment: