



# Queensland Country Credit Union Riverway Night Markets

## Busking Permit APPLICATION FORM 2008

**\*Please note that no P.A system or power will be provided.  
There will be no fee required for a busking permit.**

### YOUR DETAILS

Contact Name:.....

Performance Name/Group Name:.....

Mailing Address:.....Suburb:.....Postcode:.....

Phone: (w).....(h).....(mob) .....

Fax:.....Email: .....

### YOUR INVOLVEMENT DETAILS

• Please describe your performance (ie. Solo musician, magician, saxophonist, juggler)  
.....  
.....  
.....

• Props/equipment used in performance:  
.....  
.....  
.....

• Number of persons involved in performance:  
.....

• Have you ever busked before?  
**YES                      NO**

• How much space will you require?  
.....  
.....

• Are you over the age of 18?  
**YES                      NO**

**If NO, a parent or guardian will need to sign below.**

Parent/Guardian's Signature: .....

Name (please print): .....Date: .....

### YOUR INSURANCE DETAILS

Due to recent focus on public liability laws it is essential that we are aware of the public liability coverage of every participant/organisation. If you do not have your own Public Liability Insurance a Risk Assessment will be done by council to ensure that council's own policy will cover your participation during the Riverway Night Markets.

Please note that if you have cover, you **will** be asked to provide a copy of your insurance policy to the Townsville City Council.

- Do you/your company hold public liability insurance?

**YES**

**NO**

#### **If YES**

- Who is your insurer?.....
- To what amount are you currently insured?.....
- When is the expiry date on your current policy?.....
- Are you covered for activities held at outdoor events such as the Riverway Night Markets (under what provisions, if any)?.....

- Who does your cover extend to? (eg: group members, volunteers)

**Please attach a copy of Insurance cover note to this application**

#### **If NO**

Council will need to meet with you to discuss the proposed activity and apply a **Risk Assessment Test** to help Council decide if your proposed activity can be included under Townsville City Council's Public Liability Insurance Cover. Please provide the contact details for this discussion, of the relevant person if different from above.

Name.....Phone.....

*I hereby state that the above information is true and correct to the best of my knowledge and that I will be willing to provide a copy of the afore mentioned insurance policy upon request.*

*Signed* \_\_\_\_\_ *Date* \_\_\_\_\_

**Please return the completed form to:**

The Community Events Officer  
Townsville City Council  
PO Box 1268  
Townsville QLD 4810  
Ph: 4727 9585  
Fax: 4727 9057  
Email: kate.hutton@townsville.qld.gov.au