



# TEMPORARY BUSKING APPLICATION



Before starting the application process, make certain you have read the City of Montgomery Buskers' Program general information sheet. It is also advisable that you read the new Busking Ordinance No. 16-22.

\*Complete each line and section of the application. If a section does not pertain to you, please place an "NA" beside the section(s) that does not apply to you. Incomplete applications will not be processed.

\*\* Busking license fees will not be prorated, or refunded.

Date of Application \_\_\_\_\_

Cost of the License: **\$7 per day** (up to 3 consecutive days)

## APPLICANT'S INFORMATION

Complete Name of Applicant \_\_\_\_\_

Business/Stage Name (if applicable) \_\_\_\_\_

Applicant's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is the Address Provided the Applicant's Residence? YES  NO  (if Not, please provide your residential address below)

Residential Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ (Primary Number)

Alternate Number ( ) \_\_\_\_\_ - \_\_\_\_\_ (Alternate Number)

Applicant's Email Address \_\_\_\_\_

Type of unexpired, US-issued identification presented: (A Copy of the I.D. will be retained with a copy of your application)

U.S. Passport  State-issued I.D.  (Issuing State \_\_\_\_\_) Driver License  (Issuing State \_\_\_\_\_)

Identification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

## SPONSORING ORGANIZATION

Name of Organization \_\_\_\_\_

Organization's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Organization's Primary Contact:

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ EXT \_\_\_\_\_

Business Email Address \_\_\_\_\_

Business Website \_\_\_\_\_

Is the Business a Statutory Exempt Nonprofit? YES  (if yes, provide copy of state exemption) NO

Does the Organization Have a Current City of Montgomery Business License? YES  NO

\*\* Your Organization MUST provide a letter of sponsorship in to obtain a busking license.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that your signature attests that the information in this application is true to the best of your knowledge. Any omitted and/or false information will result in the denial of this application. If a license is granted, and the information in the application is later discovered to be false and misleading, your license will be revoked.

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

Date Application Received \_\_\_\_\_ Revenue Member \_\_\_\_\_

Area Assigned T- \_\_\_\_\_ Date City-issued I.D Released \_\_\_\_\_

Payment Method: Check  Cash  Credit/Debit Card

Date(s) Valid: From \_\_\_\_\_ thru \_\_\_\_\_



# Busking Classifications/Types/Locations

Please provide the type of busking activities for which you will be involved. (Check all that apply)

- Poetry Recitations
- Musical Instrument Type \_\_\_\_\_
- Magic/Illusionists
- Arts/Crafts
- Singing Performances Single \_\_\_\_\_ Group \_\_\_\_\_ (Each member of the group must have a buskers' license/permit)
- Art/Sketching/Painting
- Miming
- Skits
- Other (Describe in detail)

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Please provide information regarding the general location(s) of your busking activities. (Check all that apply)

- Downtown street areas. Where? \_\_\_\_\_
- Downtown waterfront area
- Eastchase Mall Area
- Eastdale Mall Area
- Chantilly

Public Park. Name of Park(s)

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(Please note, you must strictly observe the park's opening and closing hours.)

- South Montgomery. Where? \_\_\_\_\_
- West Montgomery. Where? \_\_\_\_\_
- North Montgomery Where? \_\_\_\_\_