

District of 100 Mile House

BUSKING BUSINESS LICENSE APPLICATION

Seasonal License – May 1st to September 30th

Buskers operating in the District of 100 Mile House are required to have a valid Busking Business License. The information requested in this application is necessary to fully evaluate the request for a Busking Business License. Completion of this form does not guarantee approval of a Busking Business License. Busking should not commence prior to a license being issued.

- 1.) License fees apply to a calendar year January 1st to December 31st.
- 2.) If the license is approved, license fees are not refundable.

Applicants under 18 years of age must be accompanied by a parent/guardian to file this application and will be required to provide proof of relationship. The Parent/Guardian is to sign the application with applicant for the review process to proceed.

Busking Information	n:		
Name:			
If you are under 18 th	nen age: Name of Pare	ent/Guardian	
Indicate number of pe	eople busking or in group:		
Name of Group (if ap	plicable):		
Name of Group Mem	bers (if applicable):		
Location (CIVIC):			
Phone:	Fax:	E-Mail:	
Contact Name(s):			
Description of Perfo	ormance:		
Type of entertainmen	it to be performed and type of mus	sical instrument(s) being used, if any:	
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District of 100 Mile House

BUSKING BUSINESS LICENSE APPLICATION CON'T

Property Owner & Business Information: Attach written permission(s). Property Owner: Mailing address (If different from above):______ Phone: Fax: E-Mail: Business (include Manager's Name): Mailing address (If different from above): Phone: _____ Fax: ____ E-Mail: _____ License Fee: \$ Commencement Date: I/We _____ hereby apply for a District of 100 Mile House Busking Business License. I/We understand that the Busking Business License cannot be sold. I/We further agree that should the license applied for herein be granted, that I/we will abide by all the bylaws now in force or which hereafter come into force in the District of 100 Mile House. I cannot commence busking until such time as a Busking Business License has been approved and issued. Name (Printed) Date Signature of Applicant Guardian Signature (if applicable) Name (Printed) Date FOR OFFICE USE ONLY C-3 C-7 Check permitted areas: C-1 C-2 C-4 C-5 P-4 P-1 **Property Owner** Check that written permission has been received: **Business Owner** APPROVAL REQUIRED (X) (X) APPROVAL DATE: Business License Inspector

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