



## Busking in St Peter Port Permit Application form

Name of person making this application.....

Contact details for person making this application

Address

.....  
.....  
.....  
.....

Daytime telephone number.....

Evening telephone number.....

Mobile telephone number.....

Email address.....

Name of individual performer or group.....

Brief Description of Act – for musical acts please state the style of music and the instruments(s).....  
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Name of group leader and names of each person in the act (if applicable)

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**NB. Any applicant under the age of 18 years must provide evidence of parental consent**

*I have read the 'Busking in Guernsey Permit Application Guide' and agree to comply with the terms and code of practice if awarded a permit. I understand that failure to comply with the code of practice will result in the permit being withdrawn.*

*I give/ do not give authorisation for my/our contact details to be passed to third parties requesting information about approved acts for other events. (Please delete accordingly)*

Signature ..... Date.....

Please return to: Paul Belben, Guernsey Information Centre, North Esplanade,  
St Peter Port, GY1 2LQ.  
Telephone 01481 723552  
Email: paul.belben@cultureleisure.gov.gg

For Office use	Date application received	Other
Interview date	Permit issued Y/N	