

Street Permit Application Form



Please complete this form in **BLOCK LETTERS** and return by:

- **Post:** PO Box 11, Victor Harbor SA 5211
- **Email:** localgov@victor.sa.gov.au
- **Fax:** (08) 8551 0501
- **In person:** 1 Bay Road, Victor Harbor

P 08 8551 0500
 F 08 8551 0501
 E localgov@victor.sa.gov.au
www.victor.sa.gov.au

CR2.9.001

I wish to apply for a Street Permit for the purpose of: *(Please mark the appropriate box with an 'X')*

- Badge Day
 Busking
 Preaching
 Pamphlet Distribution
 Performance
 Surveys

Applicant Details:

Full Name:

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Name of Organisation:

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Mailing Address:

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.....Postcode.....

Phone

Mobile

Fax Number

E-mail Address

Please provide additional relevant details:

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Location Preference

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Preferred Dates and Times

Start Date

Finish Date

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/ /

Start Time

Finish Time

Applicant's Signature

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What you need to return with this application:

- Public Liability Insurance Certificate of Currency (min \$20 million).
- 1 x photo identification (eg drivers licence, passport, student ID card) or 2 x non-photo identification (eg Credit Card, Medicare Card, Bank Statement)
- By signing this form I acknowledge that I have read, understood and agree to be bound by the permit conditions as set out in Street Permit Policy and Operating Guidelines.

OFFICE USE ONLY

Issue Date

Fee

Permit Number

Officer

From / / to / /

