

1. **Group Act Name:** \_\_\_\_\_

2. **Main applicant information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Circle one: Male / Female \*Date of birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**If applicant is over the age of 18 years, please complete this section:**

\*Driver's License #: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

\*Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_ \*Eye Color: \_\_\_\_\_ \*Hair Color: \_\_\_\_\_

Local Address (if applicable): \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Have you ever been convicted of a felony? Yes [\_\_\_\_\_] No [\_\_\_\_\_] If yes, give date, place and disposition of all such convictions: \_\_\_\_\_

\* Information needed for background check.

**If applicant is under the age of 18 years, please complete this section:**

Parent/Guardian's name: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Telephone number of Parent/Guardian: \_\_\_\_\_

3. **Additional members of group:** Each group member must provide the same information as shown above. See page 3 of this application for the form to provide this information.

4. **Description of performance, include props, equipment, etc., that will be used in your performance:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. **Location:** Are you requesting a special location to busk? Yes [\_\_\_\_\_] No [\_\_\_\_\_] If yes, where? \_\_\_\_\_

\_\_\_\_\_

(More on next page)

- 6. **Fees/Code Reference:** The busking fee is \$10.00 semi-annually, per act. Refer to the Port Huron Code of Ordinances, Chapter 12, Businesses, for more information about busking. You can visit the City’s website at [www.porthuron.org](http://www.porthuron.org) and select "Residents" and then "Code of Ordinances" to obtain a complete copy of the chapter. In addition, Chapter 12, Section 12-38, states: "...No license shall be issued to any person who is indebted or obligated to the City for any sum of money, other than for current taxes."
- 7. **Application submission, information or questions:** Submit the completed application to the Office of the City Clerk, 100 McMorran Boulevard, Port Huron, Michigan 48060. For questions, call the Clerk’s office at 810-984-9725. Additional copies of this form can also be found on the City’s website at [www.porthuron.org](http://www.porthuron.org). Select the section "Residents" and then "Licenses, permits & forms."
- 8. **Identification Required:** Applicants are required to provide proof of identity in one of the following forms: A current motor vehicle driver's license, state issued personal identification card or a passport. If applicant is under 16 years, a student identity card, proof of age card or a sworn affidavit of a parent or legal guardian having proof of identity. If the applicant is a non-resident of the United States, a passport and appropriate work visa shall be provided.
- 9. **Privacy Act Release and Indemnification and Hold Harmless Agreement:**

\_\_\_\_\_ *Privacy Act Release:* By way of my initials here and my full signature below, I hereby acknowledge the rights of the Privacy Act passed by Congress that no information can be provided to unauthorized personnel without my consent.

\_\_\_\_\_ *Indemnification and Hold Harmless Agreement:* By way of my initials here and my full signature below, I hereby acknowledge that to the fullest extent of the law, agree to defend, pay on behalf of, indemnify, and hold harmless the City of Port Huron, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Port Huron, against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Port Huron, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Port Huron, by reason of personal injury, including bodily injury, or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with **busking** and regardless of which claim, demand, loss, cost or expense is caused in whole or in part by the negligence of the above-named applicant or by third parties, or by the agents, servants, employees or factors of any of them.

\_\_\_\_\_  
Applicant’s or Parent/Guardian’s Signature      Date

(Below for office use only)

**Required Documentation / Fees:**

- Identification provided
- Semi-annual fee paid - \$10

**Approved by:**

Date: \_\_\_\_\_

Special events authorized signature: \_\_\_\_\_

**Busking area assigned:** \_\_\_\_\_

Each additional member of a group act must complete this form.
Please make additional copies if needed.

First Name: Middle: Last:
Circle one: Male / Female Date of birth:
Permanent Address: Phone
City/State/Zip:

If over the age of 18 years, please complete this section:

\*Driver's License #: \*Social Security #:
\*Height: \*Weight: \*Eye Color: \*Hair Color:
Have you ever been convicted of a felony? Yes [ ] No [ ] If yes, give date, place and disposition of all such convictions:

\* Information needed for background check.

If under the age of 18 years, please complete this section:

Parent/Guardian's name:
Address of Parent/Guardian:
City/State/Zip:
Telephone number of Parent/Guardian:

Privacy Act Release: By way of my initials here and my full signature below, I hereby acknowledge the rights of the Privacy Act passed by Congress that no information can be provided to unauthorized personnel without my consent.

Indemnification and Hold Harmless Agreement: By way of my initials here and my full signature below, I hereby acknowledge that to the fullest extent of the law, agree to defend, pay on behalf of, indemnify, and hold harmless the City of Port Huron, its elected and appointed officials, employees and volunteers and others working on behalf of the City of Port Huron, against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City of Port Huron, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Port Huron, by reason of personal injury, including bodily injury, or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with busking and regardless of which claim, demand, loss, cost or expense is caused in whole or in part by the negligence of the above-named applicant or by third parties, or by the agents, servants, employees or factors of any of them.

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Applicant or Parent/Guardian's Signature Date