



VISITOR BUSKING ID APPLICATION 2022

Applicant Instructions

- Please ensure that you have read and are familiar with the busking guidelines.
- Incomplete applications will not be considered. Please ensure that all sections (Personal Information, Performance Details, and Safety and Compliance) are completed before submitting your application. Please attach additional information if requested.
- Any questions regarding your application can be directed to dfi@downtownfredericton.ca or by calling 458-8922.

SECTION A – PERSONAL INFORMATION

First Name: _____	Last Name: _____
Address: _____	City: _____
Province: _____	Postal Code: _____
Phone 1: _____	Phone 2: _____
Email: _____	
Date of Birth (mm/dd/yy): _____	Gender: _____

Emergency Contact

Name: _____	Relationship: _____
Phone: _____	

SECTION B – PERFORMANCE DETAILS

What is your busking talent/ what type of performance will you be doing?
Do you perform as part of a group? Yes No
If yes, what is the group's name?
Please note: Each group member is required to provide their personal information for our records. Please have them fill out the Personal Information section of the Busking Application and attach it to the application. One Busking ID will be issued for the group. List all group members:

SECTION C – SAFETY AND COMPLIANCE

Dangerous goods and materials are NOT PERMITTED. Generators are NOT PERMITTED.
Dangerous goods include the use of substances that are flammable, toxic or hazardous and implements such as swords and knives. It includes substances that present an immediate danger to people, property or environment and extends to instruments that may have been modified for safety but can still be perceived as dangerous.
Dangerous goods include but are not limited to swords, knives, fire, bed of nails, staff and whips.
Does your act involve dangerous goods? Yes No
Do you intend to sell recordings of your music while busking? Yes No

Freedom of Information and Protection of Privacy Act (FQIP)

The personal information that is provided in this application and supporting documents will be used in the eligibility review and administration of the Busking Program. It is collected by Downtown Fredericton Inc. under the authority of Section 33 © of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions of the act. If you have any questions about this collection, please call 506-458-8922.

DECLARATION

I certify that I am aware of the information in this Busking Application and attest to its completeness and accuracy. I agree to abide by all guidelines pertaining to the City of Fredericton Busking Policy posted on Downtown Fredericton Inc. website, and realize that the Busking Permit may be confiscated should I not comply with these regulations.

Signature of Applicant: _____ Date: _____

SUBMITTING YOUR APPLICATION

In person at Downtown Fredericton Inc. office, 349 King St., Suite 1, Fredericton, NB

PROCESSING

Downtown Fredericton Inc. will review all applications upon receipt, processing your ID's within 1-2 business days. You can obtain your busking ID from the Downtown Fredericton Inc. office.

DECLARATION – MINORS

You must be 18 years or older to busk independently. Those who are 16 or 17 require parental consent to busk unsupervised. Buskers under the age of 16 must have a responsible adult accompanying them at all times while performing.

I certify that I am the legal guardian of the primary Busker identified in this application. Both myself and the listed applicant(s) are aware of the information contained in this Busking Application and attest to its completeness and accuracy. We agree to abide by all the guidelines pertaining to the DFI / City of Fredericton Busking Program and realize that the Busking ID may be confiscated should we not comply with said regulations.

I give permission for my dependent(s) who is/are over 16 years of age to busk without adult supervision. **-OR-** My dependent is under the age of 16, and I will ensure that while they are busking they will be supervised by myself or another adult designate.

Name of Applicant: _____

Name of Guardian (print): _____

Signature of Guardian: _____

Date: _____