



Street Performer Permit Application
Application Fee \$0.00

The Village of Friendliness – Since 1870

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Name of Affiliated Organization / Event \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Drivers' License/ID Number \_\_\_\_\_

1. Are you 18 years of age or older?

Yes [ ] No [ ] If "Yes," indicate Parent/Guardian's name: \_\_\_\_\_

2. Is this application being submitted on behalf of a Performance Group with Affiliated Members? 1

Yes [ ] No [ ] If "Yes," indicate the total number of individual Affiliated Members to perform: \_\_\_\_\_

3. Description of Performance \_\_\_\_\_

4. Is this application for a Performance that is considered part of an organization-sponsored event or series? 2

Yes [ ] No [ ] If "Yes," list each Performance Group and the corresponding date of their performance in the series: \_\_\_\_\_

5. Is the Performance an Extraordinary Activity? §93.71 (c): Defined as tumbling, stilt-walking, cycling, acrobatics, and use of fire.

Yes [ ] No [ ] If "Yes," explain: \_\_\_\_\_

Approval is subject to the following regulations: (1) this request must be reviewed by the Chief of Police; (2) each performer performing extraordinary activities must fill out an application; and, (3) a certificate of insurance for general liability in the amount of \$1 million will be provided; if the City feels a higher amount is necessary, it will be required. The City will determine the time, place or manner of extraordinary activities performances.

6. Have you previously held a Street Performer Permit with the City of the Village of Douglas that was revoked?

Yes [ ] No [ ] If "Yes," why? \_\_\_\_\_

FOR INTERNAL USE ONLY

Approved [ ] Conditional Approval [ ] Denied [ ] Permit Number \_\_\_\_\_ Expiration Date/Time \_\_\_\_\_

Rationale \_\_\_\_\_

Signature of City Clerk \_\_\_\_\_ Date \_\_\_\_\_

02202020

Last Name of Applicant \_\_\_\_\_ Performance Group Name/Moniker \_\_\_\_\_

**Performance Group/Affiliated Group Member Worksheet**

<sup>1</sup> List the name and age of all additional Affiliated Group Members expected to perform.

<sup>2</sup> Include an additional Worksheet for each Performance Group participating in the organization-sponsored event or series.

Member Name \_\_\_\_\_ Age \_\_\_\_\_

Member Name \_\_\_\_\_ Age \_\_\_\_\_

Member Name \_\_\_\_\_ Age \_\_\_\_\_

Member Name \_\_\_\_\_ Age \_\_\_\_\_

Member Name \_\_\_\_\_ Age \_\_\_\_\_

Member Name \_\_\_\_\_ Age \_\_\_\_\_

Member Name \_\_\_\_\_ Age \_\_\_\_\_

Member Name \_\_\_\_\_ Age \_\_\_\_\_

**Assumption of liability:** I understand that if granted a permit, I as the Applicant and/or all affiliated performance group members identified herein (collectively referred to as the "Performer") will comply with the rules and regulations of the Street Performance Ordinance 05-2015, Chapter 93.70 - 93.80 of the Code of the City of the Village of Douglas, MI. The Performer understand that if this ordinance is violated, the permit is subject to revocation, and I am subject to ticketing. The Performer also indemnifies the City of the Village of Douglas, its officials, employees and agents from any liability arising (including reasonable attorney fees and costs) out of my street performance.

\_\_\_\_\_ Applicant Initials

**Performance of minors:** Permits for Applicants younger than 18 will be issued in parent/guardian's name. Any Performer between 15 and 17 years of age may perform without parent/guardian being present. A Performer 14 years of age or younger must be accompanied by parent/guardian with the permit displayed Performance.

\_\_\_\_\_ Applicant Initials

**Hold harmless:** I agree to release and hold harmless The City of Douglas, all of its staff, elected and appointed members, and all agents of those parties, from any and all claims of personal injury or property damage incurred by myself while participating in the program. This release of liability is intended to be as broad as allowable under the laws of Michigan. I understand the risks of participating in the program, which may include loss of life, personal injury and/or loss or damage of personal property. Knowing these risks, I voluntarily choose to participate in the program. It is my intent that this agreement shall prohibit myself, my heirs, assignees and personal representatives from making any claims against the City of Douglas, or taking any legal action should I become injured or suffer a loss as may occur as a result of my participation in the program. I have carefully read this agreement and fully understand its contents. I am aware this is a release of liability and contract between the City and myself.

\_\_\_\_\_ Applicant Initials

**Consent and release for story, likeness and voice:** The Performer gives permission to the organizations to use (including but not limited to taking photographs and making audio recordings or videos), without charge and without reservation, all or a portion of my story including my likeness and my voice in promoting these organizations. The Performer acknowledges that editorial changes may be made as deemed suitable by the organizations. Whether or not changes are made, the Performer waives any rights of action the Performer may have and release the organizations from any and all claims the Performer may have arising from the use, publication, and changes in content, including any rights to sue for defamation or violation of rights of privacy or rights of publicity.

\_\_\_\_\_ Applicant Initials

By completing the signature field, I signify that I fully read and understand this document and all aforementioned supporting documents and regulations, herein. I have to the best of my ability accurately and fully disclosed all information related to the Performer and the content of their performance. I understand that this application will be approved, denied, or approved with conditions within ten (10) business days of being filed, and furthermore forfeit the right to make additions and/or amendments to this permit application after submission.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature Parent/Guardian  
of Minor Applicant \_\_\_\_\_ Date \_\_\_\_\_