



# Busking Licence Application

Business Registry  
902-7<sup>th</sup> Avenue, Canmore AB, T1W 3K1  
403-678-1523 [businessregistry@canmore.ca](mailto:businessregistry@canmore.ca)

<b>Section A – Applicant Information</b>		
<b>Applicant’s First and Last Name:</b>		
<b>Mailing Address, If Available:</b>		<b>City/Town:</b>
<b>Province/State:</b>	<b>Country:</b>	<b>Postal/Zip Code:</b>
<b>Phone*:</b>	<b>Email*:</b>	
<i>* A valid phone and/or email address must be provided.</i>		
<b>Section B – Busking Details</b>		
<b>Group or Solo Performer?</b>	<b>Performer Name, Alias or Group Name:</b>	
<b>Artist’s Biography:</b> What art form do you perform? What is your performance experience?		
<b>Social media or recording links:</b>		
<b>I confirm that I am or we are:</b>		
<b>Section C – Parent or Guardian Information</b> <i>Complete if busker(s) are under the age of 18.</i>		
<b>Parent/Guardian’s First and Last Name:</b>		
<b>Phone:</b>	<b>Email:</b>	
<b>Parent/Guardian of Performer’s Name:</b>		
<b>Section D – Conditions and Compliance</b>		
By checking the boxes below, I/we understand, acknowledge, and will comply with the conditions below:		
<p>I/we confirm that the information provided in this application form and in supporting documents is correct, and agree to comply with all relevant provisions of the Town of Canmore’s Busking Conditions, Business Registry Bylaw 2015-02 and other applicable Town Bylaws</p> <p>By submitting this application, I/we confirm that we have read and understood the Busking Conditions and understand that if the conditions are not met, the Town of Canmore reserves the right to suspend or revoke my permit. Failing to meet conditions could also result in fines or penalties.</p> <p>I/we agree to comply with all Federal, Provincial, Municipal, and Health Authority restrictions, and measures.</p> <p><b>If under the age of majority, parental or guardian consent is required.</b> If approved for a licence, the parent or guardian listed herein approves of the individual(s) to busk in Canmore.</p> <p>By checking this box, I consent to using my electronic signature in lieu of an original signature on paper.</p>		
<b>Parent/Guardian Signature:</b>	<b>Date</b>	
<b>Applicant’s Signature:</b>	<b>Date</b>	
<small>FOIP Notification: Your personal information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. The personal information you provide on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used for the purposes of administering billing and notifications for the Town of Canmore. This document is used to create your electronic file for the Business Registry. If you have any questions about the collection or use of this information, please contact the FOIP Coordinator, Town of Canmore, 902-7<sup>th</sup> Avenue, Canmore, AB T1W 3K1, (403) 678-1509.</small>		