



BUSKING APPLICATION

BEFORE Before starting the application process, make certain you have read the City of Montgomery Buskers' Program general information sheet. It is also advisable that you read the new Busking Ordinance No. 16-22.

*Complete each line and section of the application. If a section does not pertain to you, please place an "NA" beside the section(s) that does not apply to you. Incomplete applications will not be processed.

** Busking license fees will not be prorated, or refunded.

Date of Application _____ Cost of License: **\$25** (License Expires 12/31 of each year)

APPLICANT'S INFORMATION

Complete Name of Applicant _____
Business/Stage Name (if applicable) _____
Applicant's Address _____ City _____ State _____ Zip _____
Is the Address Provided the Applicant's Residence? YES NO (if Not, please provide your residential address below)

Residential Address _____ City _____ State _____ Zip _____

Telephone Number () _____ - _____ (Primary Number)
Alternate Number () _____ - _____ (Alternate Number)
Applicant's Email Address _____

Type of Unexpired, US-issued Identification Presented: (A Copy of the I.D. will be retained with a copy of your application)
U.S. Passport State-issued I.D. (Issuing State _____) Driver License (Issuing State _____)

Identification Number _____ Expiration Date _____

SPONSORING ORGANIZATION

Name of Organization The Hilltop Howlers
Organization's Address 87 Spears King City Millbrook State AL Zip 36054
Organization's Primary Contact:
Name Robert McHugh Title President
Business Telephone Number (334) 398 - 0757 EXT _____
Business Email Address thhilltophowlers@gmail.com
Business Website hilltophowlers.org

Is the Business a Statutory Exempt Nonprofit? YES (if yes, provide copy of state exemption) NO

Does the Organization Have a Current City of Montgomery Business License? YES NO

** Your organization MUST provide a letter of sponsorship in order to obtain a busking license.

Applicant's Signature _____ Date _____

Please note that your signature attests that the information provided in this application is true to the best of your knowledge. Any omitted and/or false information will result in the denial of this application. If a license is granted, and the information in the application is later discovered to be false and misleading, your license will be revoked.

***** FOR OFFICE USE ONLY *****

Date Application Received _____ Revenue Member _____

Area Assigned _____ Date City-issued I.D Released _____

Payment Method: Check Cash Credit/Debit Card

Busking Classifications/Types/Locations

Please provide the type of busking activities for which you will be involved. (Check all that apply)

- Poetry Recitations
- Musical Instrument Type _____
- Magic/Illusionists
- Arts/Crafts
- Singing Performances Single _____ Group _____ (Each member of the group must have a buskers' license/permit)
- Art/Sketching/Painting
- Miming
- Skits
- Other (Describe in detail)

Please provide information regarding the general location(s) of your busking activities. (Check all that apply)

- Downtown street areas. Where? _____
- Downtown waterfront area
- Eastchase Mall Area
- Eastdale Mall Area
- Chantilly

Public Park. Name of Park(s) _____

(Please note, you must strictly observe the park's opening and closing hours.)

South Montgomery. Where? _____

West Montgomery. Where? _____

North Montgomery Where? _____