

City of Santa Rosa Recreation & Parks APPLICATION FOR STREET PERFORMER PERMIT

			Date .		
Name:					
Stage Name (if different):					
Group Name (all members of a group must have in	ndividual permits):				
Mailing Address:					
City:					
Email Address:					
Phone (day):					
Date of Birth:					
Have you previously received a Street Performer Pe	ermit in Santa Rosa, C	A? YES NO	(circle one)		
TYPE OF PERFORMANCE (circle all that apply):					
Music Dance Theater	Variety	Other:			
f you are a musician, please specify the style of m	usic and types of inst	ruments to be us	ed:		
ALL PERFORMERS, please describe performance: _					
The applicant, by signing this application, indicates that governing issuance of this Permit in the City of Santa Ro 19, 2010).				_	
Permits are issued for the calendar year, or the unexpire Rosa Recreation, Parks & Community Services Departm A valid Photo ID is required at the time of application. A can be issued. Applicants under 18 must have a legal gu	ent at the Finley Comm All outstanding citation	nunity Center, 2060	W. College Avenue,	Santa Rosa.	
Signature:	Parent/Guardia (if under 18)	Parent/Guardian:(if under 18)			
	OFFICE USE ONLY				

Date Issued: _____

Issued by: