

Blue Skies Program Street Pe rformanc e Perm it Applicat ion: 2019

Kalamazoo or Bus k!

Blue Skies – Kalamazoo or Busk!, is a program of the Arts Council of Greater Kalamazoo designed in an effort to encourage the performing arts and provide an opportunity for entertainers to perform for the public and promote their bands, business, and profession. Entertainers are required to register in order to maintain compliance with special‐event outdoor entertainment policies set forth by the City of Kalamazoo. Blue Skies entertainers perform free‐of‐charge, but tipping is encouraged. Entertainers may include, but are not limited to the following: bands, solo musicians, singers, jugglers, clowns, improv, etc.

**Eligibility and Requirements:**

1. Entertainers are required to apply through the Arts Council of Greater Kalamazoo for a permit each calendar year.

2. Entertainers must prominently display their Blue Skies permit during busking performances.

3. Entertainers are responsible for their own amplification, usable only at pre‐approved sites (see map.)

4. Entertainers under the age of 18 must have consent from a parent/guardian, and if under the age of 15 there must be a parent or guardian present during all performances.

PLEASE ALLOW 3 BUSINESS DAYS TO PROCESS YOUR COMPLETED APPLICATION.

**Procedures:**

When weather permits, approved Blue Skies entertainers are permitted to perform outdoors in pre‐approved locations

(see map.) Performances are limited to the below time slots. **\*Performances during Art Hop evenings require special approval by the Arts Council, at least 30 days in advance**. To schedule a performance, email Charlie Tomlinson at [charlie@kalamazooarts.org](mailto:charlie@kalamazooarts.org) with the date, time and location of choice.

Monday – Thursday: 11:30 am – 1 pm and 4:30 – 8 pm

Friday: 11:30 am – 1 pm and 4:30 – 9 pm (Excluding Art Hop\*) Saturday: 10 am – 9 pm | Sunday: Noon – 8 pm

**APPLICANT DETAILS**

**Is this an application for a new permit or renewal?**  New  Renewal – Date Last Permit Expired:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Entertainer, First Name | | Entertainer, Last Name | | |
| Group Name, If Applicable (If provided, this name will be on the permit. Note: Individuals may not perform with this permit.) | | | | |
| Address: | | City: | State: | ZIP Code: |
| Telephone Number: | Email Address: | | | |

**Proof of Identification Type Included with Application:**  Driver’s License  Student ID  Other:

*Must be provided as attachment. If under the age of 18, Parent/Guardian proof of ID also required.*

**PERFORMANCE DETAILS**

**Performance Discipline:**

*Examples: bands, solo musicians, singers, jugglers, clowns, improv, etc.* Page 1 of 2

**Describe your performance:**

**Will you be utilizing sound amplification?**  YES  NO

If yes, approval is subject to the following regulations in accordance with the Kalamazoo City Code:

 Entertainers requesting the use amplification agree to turn the volume down upon request.

 The amplification equipment must be regulated at a reasonable level.

**Does your performance fall under the definition of “Extraordinary Activities?”**  YES  NO

*Defined as tumbling, stilt‐walking, cycling, acrobatics, activities using fire, etc.*

If yes, please read and agree to the following:

A certificate of insurance for general liability for a minimum amount of $1 million must be submitted with this

application and sustained throughout the duration of this permit. Signature:

**Do you intend to sell CDs, DVDs or other items related to your performance?** YES  NO 

If yes, please read and agree to the following:

I declare that any item(s) which I sell will only contain my own, original material.

**Description of Item(s) for Sale:**

Signature:

**AGRE EMENT**

I, the applicant, understand that if granted a permit, I will perform in accordance with all conditions set forth, and the Arts Council of Greater Kalamazoo reserves the right to revoke the permit at any time. Any liability resulting from activities engaged in by the applicant shall be the sole responsibility of the applicant. **Consent and release of story, likeness, and voice:** I give permission to the Arts Council of Greater Kalamazoo to use, without charge and without reservation, all or a portion of my story and/or testimonial including my likeness and my voice for publishing and promoting their organization – including but not limited to, publication and promotion on the internet, through the channels of social media, written periodicals and all other forms of electronic and/or written communications. I acknowledge that editorial changes may be made as deemed suitable by the Arts Council of Greater Kalamazoo. Whether or not changes are made, I waive any rights of action I may have and release the Arts Council of Greater Kalamazoo from any and all claims I may have arising from use and publication, including any rights to sue for defamation or violation of rights of privacy or rights of publicity.

Print Name: Signature: Date:

**PARENT/GUARDIAN CONC ENT – *If Applicable*** I, the parent/guardian with legal responsibility for the applicant, do consent and agree to the terms and stipulations of this agreement. I understand that no supervision of performers is provided by the Arts Council of Greater Kalamazoo,

and performers under the age of 15 require my presence for the duration of all performances.

Print Name: Signature: Date:

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