

disqualification.

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov FINANCE DEPARTMENT

STREET PERFORMER PERMIT APPLICATION

NAME OF APPLICANT:	E-MAIL		
ADDRESS OF APPLICANT:			
APPLICANT PHONE NUMBER:	City	State	Zip Code
Drivers License Number		Date of Birth	
TYPE OF STREET PERFORMANCE TO B	BE INTERPRETED:		
I agree to hold harmless the City of Miami Beach and contractors, from and against any and all actions, law expenses in law or in equity, including, but not limited may arise or be alleged to have arisen in connection property.	wsuits, claims, liabilities, damages, judge ed to, attorney's fees and cost at the tria	ments, sums of mo	oney, losses and ellate levels which
I have read and understand Article XV, Section 18 of and agree to comply with all conditions and provision Rules for this ordinance.	·		
Signature of Applicant	Printed Name of Applicant		Date
Failure by the City to receive the original fully compl your application from participation to receive a perr	<u> </u>	•	