



Street Performer Application
BOROUGH OF SEASIDE HEIGHTS

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E-Mail publicaffairs@americom.net
www.seaside-heightsnj.org

#02-1

Appli-
cant _____

Tel# _____

Fax# _____

E-mail _____

Web site _____

Address _____

Type of Performance _____

How many in your Group _____

Schedule (list all dates and times)

Signature by the Borough Clerk below certifies approval of this performance subject to all municipal, state, and federal ordinances, statutes, and regulations. Conditions to the approval, as indicated below, are on the back of this form. **PLEASE** see attached Ordinance #2002-11

Signature of applicant (I have read the attached Ordinance and fully understand its restrictions)

INSTRUCTIONS: This application must be completed in full and submitted to the Borough Clerks office along with a check for \$15.00 prior to your performance.

DO NOT WRITE IN THIS AREA

Borough Clerk _____

Date _____