

BUSKING / VENDOR REGISTRATION

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(City) (State) (Zip)

HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NATURE OF ACTIVITY: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

LOCATION OF ACTIVITY: \_\_\_\_\_

DATE (S) & TIME (S) OF ACTIVITY: \_\_\_\_\_

ACTIVITY SUPERVISOR: \_\_\_\_\_  
(Name) (Address) (Phone)

GENERAL DESCRIPTION OF ACTIVITY, SERVICES TO BE OFFERED OR OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, do swear that the foregoing information is true and that any changes in the information will be reported to the City Clerk. Also, that any federal, state or local laws, rules or regulations shall be complied with during above activities.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY CLERK SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\* Please return to City Hall, 400 S Harrison Street, Ludington, MI 49431 and be prepared to show identification. \*\*