POLICE CHARLESTON

Special Events

PUBLIC ACTIVITY REQUEST

Permit requests must be submitted for approval by the Special Events Committee at least 45 days prior to the event.

Type of Permit: _____ **Date of Activity:** _____

Title of Event: _____

Today's date: _____

Name of applicant: **Last**: _____ **First**: _____ **Middle:** _____

Applicant address: _____

City, State, ZIP: _____

Applicant phone: **Primary:** _____ **Secondary:** _____

Applicant e-mail: _____

Name of organization: _____

Purpose of activity: _____

Start time: _____ **End time:** _____

Number of participants: _____ **Number of attendees:** _____

Number of vehicles: _____ **Number and type of animals:** _____

Describe route: **(Attach map, if appropriate.)** _____

Describe activity: _____

Will alcohol be allowed?: ☐ **Yes** ☐ **No** **Will alcohol be served?:** ☐ **Yes** ☐ **No**

Describe the type and service of any alcohol: _____

This application is subject to such rules, regulations, conditions, and restrictions as shall be imposed by the Chief of Police or his designee if the statutes of the City of Charleston or the State of South Carolina are being or will be violated, or if the conduct of the entertainment or those attending or participating is or may be contrary to the public safety, order, and peace. It is further understood that any permitted event may be subject to inspection at any time by a police officer. All signs must be hand- held. There is to be no interference with vehicular or pedestrian traffic. All picketers must remain on the sidewalk and keep moving. It is agreed that this permit may be revoked for cause by the Charleston Police Department at any time. We ask that you submit to a records check.

As applicant, I accept any restrictions imposed as a condition of this permit. I agree that should this permit be revoked, all activities previously permitted will cease immediately. I understand that no activities will take place in the restricted areas including White Point Gardens, Waterfront Park, the Market District, the Visitors' Information Center, or on or south of Broad Street.

I accept such terms of this permit application: Date:

Official Use Only

Special Events Committee Authorization: ☐ Approved ☐ Disapproved

Signature: _____ Date: _____

Special Events Commander Authorization: ☐ Approved ☐ Disapproved

Signature: _____ Date: _____

Chief of Police Authorization: ☐ Approved ☐ Disapproved

Signature: _____ Date: _____

Copy to NCIC Ops date: _____ NCIC Ops Initials: _____

PAR6-2016

Public Activity Request

Name of applicant:

Last: _____ **First**: _____ **Middle**: _____

Date of Birth: _____ **Race:** _____ **Sex:** _____

Driver's license state: _____ **Driver's license number:** _____

Other form of identification (specify): _____

Permit Type: _____

Police Department Use Only

A review of the permit applicant named above was completed by:

NCIC Ops Officer:_____Date: _____

1) Local Record: ☐ None Found Copy Attached: ☐

1) NCIC Record: ☐ None Found Copy Attached: ☐

DO NOT DISTRIBUTE
OFFICE USE ONLY

Conditions of Permit:

Charleston Police Department

- Excellence in Law Enforcement -