

Restricted Areas

*Visitors Information Center
*South of Broad excluding the
High Battery and White Point
Gardens Park



City of Charleston
South Carolina
Revenue Collections Division

Date: _____
License # _____
C.SIC _____
Fax Date: _____
Permit No. _____

PALMETTO ARTISAN'S PERMIT APPLICATION

This application is subject to such rules, regulations and restrictions as imposed by the City of Charleston Code.

Name: _____ **Today's Date:** _____

Applicant's Height: _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____ **Date of Birth:** _____

Permanent Home Address: _____ **State** _____ **Zip** _____ **Phone:** _____

Local Address: _____ **State** _____ **Zip** _____ **Phone:** _____

Email Address: _____

Parent or Legal Guardian's Name: _____ **Contact Phone:** _____

Name of School: _____ **Location:** _____

Date of City of Charleston Youth Palmetto Artisan and Business Program Completion: _____

Date(s) Business will be conducted: **From** _____ **Thru** _____ **20** _____ **Hours:** _____

Location where goods will be sold: _____

Have you been convicted of a crime? Yes _____ **No** _____

I have read and understand Chapter 17, Article V of the City of Charleston Code, and I will comply with such ordinances and any other instructions or restrictions designated by the City of Charleston Police Department or Revenue Collections Division. I hereby submit this application for a City of Charleston Palmetto Artisan's Permit and attest to the fact that all of the above information is true and accurate. I understand that any false or incomplete statements shall invalidate the permit application. I further agree to abide by all the rules and regulations of the City of Charleston Youth Palmetto Artisan and Business Program. In the event that my child fails to comply with City ordinances, I voluntarily give my consent to have my child transported home by a member of the Charleston Police Department.

Applicant's Signature/Date

Parental Signature for Applicants Under the Age of 18

The above application for permit has been examined by the City of Charleston Police Department and by the City of Charleston Revenue Collections Division and is hereby Approved **Disapproved** .

For Charleston Police Department/ Date

For Revenue Collections Division/Date

Restrictions on the permit: _____

