

**INFORMATION REQUIRED FOR CITY OF COLUMBIA BUSKER PERMIT**

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Per Day or Annual:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Description of performance:** \_\_\_\_\_

**Submitted By:** \_\_\_\_\_

**City of Columbia  
Business License Division  
1339 Main St 1st Floor  
Columbia, SC 29201  
803-545-3345 Phone  
(803) 988-8025 Fax**