



# City of Columbia Business License Division

**Mailing Address:** P.O. Box 147, Columbia, SC 29217

**Physical Address:** 1339 Main Street (1st Floor), Columbia, SC 29201

**Phone:** 803-545-3345 | **Fax:** 803-988-8025

**Office Hours:** Mon-Fri - 8:30 a.m. - 5:00 p.m.

Together we will build a world-class city

## BUSKER PERMIT

### Permit Information

Start Date:

Per Day or Annual:

Description of Performance:

*(Type of Busking)*

### Applicant Information

Applicant Name:

Mailing Address:

Physical Address:

Home Phone #:

Cell Phone #:

E-mail:

### Applicant Certification

1. The undersigned is aware of and understands the jurisdiction's requirements and codes. Thus, issuance of a business license is contingent upon compliance with all of the jurisdiction's requirements.
2. The undersigned swears or affirms that he/she has completed and/or reviewed all information in this application and that all information contained herein is true and accurate.
3. The undersigned further acknowledges that giving false information in this application or any addending or supplemental forms constitutes cause for denial and revocation of the application or license AND subjects him/her to criminal prosecution for perjury.
4. The undersigned acknowledges the duty and agrees to update and correct this information as it changes.
5. The undersigned understands and authorizes the jurisdiction and its agents to utilize the information on this application to ensure that all other federal, state, and local laws are complied with.

Signature of Applicant:

Date:

Signature of Guardian:

*(If applicant is a minor)*

Date:

Printed Name:

**For Office Use Only:**

Permit #: \_\_\_\_\_