

**CITY OF BISHOPVILLE
APPLICATION FOR
ACTIVITIES/EVENTS PERMIT**

IF NEEDED, BISHOPVILLE CITY POLICE
WILL PROVIDE TRAFFIC CONTROL.
APPROVED:

J.D. DELLINGER, POLICE CHIEF

W. GREGG MCCUTCHEN, III - CITY ADMINISTRATOR

DATE OF THIS APPLICATION: _____/_____/_____
DATE OF THE PROPOSED EVENT: _____/_____/_____
TIMES EVENT WILL OCCUR: _____ until _____

WILL THERE BE A GATHERING FOLLOWING THE EVENT?

Yes No

If so, please state the location and duration

Location: _____
_____ Start _____ Finish

PLEASE DESCRIBE IN SPECIFIC TERMS THE STREET, PARKS, BUILDINGS, OR OTHER LOCALES TO BE
BLOCKED AND/OR USED FOR THIS EVENT:

PLEASE DESCRIBE IN GENERAL TERMS THE NATURE OF THIS EVENT:

NAME OF EVENT ORGANIZER(S):

1. Name: _____
Address: _____
Street City State Zip
Phone Number: Work: (_____) _____
Home: (_____) _____

2. Name: _____
Address: _____
Street City State Zip
Phone Number: Work: (_____) _____
Home: (_____) _____

ORGANIZATION/PERSON SPONSORING EVENT (IF APPLICABLE):

Organization/Person: _____
Address: _____
Street City State Zip
Name of Person to Contact: _____
Title: _____
Phone Number: (_____) _____

Signature _____

**IF A ROAD OR STREET HAS TO BE CLOSED FOR THIS EVENT, IT IS THE RESPONSIBILITY OF THE ORGANIZER OF THE EVENT
TO CONTACT THE SC DEPARTMENT OF TRANSPORTATION FOR APPROVAL OF THE ROAD CLOSING.
ABSOLUTELY NO INFLATABLES WILL BE ALLOWED ON CITY PARK PROPERTY UNLESS ORGANIZER CAN
PRODUCE A CERTIFICATE OF LIABILITY INSURANCE. WRITTEN PROOF MUST BE ATTACHED TO THIS FORM.
*Maintenance/Clean Up deposit \$100.00-will be forfeited if trash is left on the ground/damages***