



**CITY OF BISHOPVILLE**  
135 E. CHURCH STREET, BISHOPVILLE, SC 29010  
PHONE: 803-484-5948 FAX: 803-484-4016

**ACTIVITIES/EVENTS PERMIT APPLICATION**

BISHOPVILLE CITY POLICE WILL  
PROVIDE TRAFFIC CONTROL  
IF NEEDED  
  
**APPROVED**  
  
\_\_\_\_\_  
CHIEF OF POLICE  
  
\_\_\_\_\_  
CITY ADMINISTRATOR

DATE OF APPLICATION: \_\_\_\_\_  
DATE OF PROPOSED EVENT: \_\_\_\_\_  
TIMES EVENT WILL OCCUR: \_\_\_\_\_ UNTIL \_\_\_\_\_

WILL THERE BE A GATHERING FOLLOWING THE EVENT?  
If so, please state the location and duration.

Location: \_\_\_\_\_ Start time \_\_\_\_\_ Finish time \_\_\_\_\_

PLEASE DESCRIBE IN SPECIFIC TERMS, THE STREET, PARK, BUILDING(S) 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: \_\_\_\_\_  
Phone Number: Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

**ORGANIZATION/PERSON SPONSORING EVENT (IF APPLICABLE):**

Organization/Person: Same as above. \_\_\_\_\_

Address: \_\_\_\_\_

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 ORGANIZERS OF THE  
EVENT TO CONTACT THE SC DEPARTMENT OF TRASPOTATION FOR APPROVAL OF THE ROAD CLOSINGS.  
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 of \$100.00 will be forfeited if there are any damages or if trash is left on the ground.*