

Department of Administration – City of Clinton

PO Drawer 748 or 211 North Broad Street

Clinton, South Carolina 29325

Phone: (864) 833-7505 or (864) 833-7520

www.cityofclintonsc.com



CITY OF CLINTON SPECIAL EVENTS PERMIT

1. TITLE, PURPOSE, AND BRIEF DESCRIPTION OF EVENT:

_____ New Application

_____ Renewal or Change in Application

2. APPLICANT'S NAME: _____

ADDRESS _____

MAILING ADDRESS _____

AFFILIATION/ORGANIZATION: _____

DAYTIME PHONE: _____ CELL/EMERGENCY PHONE _____

3. **EVENT PRINCIPALS:**

On the attached sheet please list names, addresses and telephone numbers of all the Principals involved in any way in the proposed special event. Include professional event organizers, event promoters, financial underwriters, commercial sponsors, charitable agencies for whose benefit the event is being produced, the organization in whose name the event is being advertised and all other administratively, financially and organizationally involved as principals in the production of the proposed event. Make additional copies of the sheet as needed to include all the principals involved in the proposed special event.

EVENT PRINCIPALS

Name: _____

Title: _____

Organization/BusinessAffiliation: _____

Mailing Address: _____

Work Telephone _____ Home Telephone _____

Functional Responsibility with Regard to the Event: _____

Name: _____

Title: _____

Organization/BusinessAffiliation: _____

Mailing Address: _____

Work Telephone _____ Home Telephone _____

Functional Responsibility with Regard to the Event: _____

Name: _____

Title: _____

Organization/BusinessAffiliation: _____

Mailing Address: _____

Work Telephone _____ Home Telephone _____

Functional Responsibility with Regard to the Event: _____

4. **REQUESTED EVENT COMPONENTS:**

REQUESTED DAY AND DATE: _____

ALTERNATE DATE: _____

REQUESTED HOURS OF OPERATION FROM _____ TO _____

SET UP DATE _____ TIME _____

DISMANTLE BY DAY AND DATE _____ TIME _____

5. ATTACH A DRAFT OF THE ENTRY FORM FOR PARTICIPANTS (IF APPLICABLE)

6. ANTICIPATED NUMBER OF PARTICIPANTS: _____

7. ANTICIPATED NUMBER OF SPECTATORS: _____

8. PROCEEDS FROM THIS EVENT WILL BE USED FOR THE FOLLOWING: _____

9. REQUEST FOR EQUIPMENT RENTAL OR TRASH RECEPTABLES:

CONES OR BARRICADES _____

NUMBER OF TRASH RECEPTICLES _____

OTHER EQUIPMENT _____

COST TO PROVIDE EQUIPMENT _____

10. REQUEST FOR PUBLIC SAFETY OR OTHER EMPLOYEES:

EMPLOYEES REQUESTED _____

NUMBER OF EMPLOYEES _____

COST TO PROVIDE EMPLOYEES _____

11. REQUEST TO CLOSE A ROAD OR PARKING AREA:

LOCATION OF ROAD _____

PARKING AREA/OTHER _____

(The applicant must first request approval from the SC Department of Transportation to block all state maintained roads or streets. This process takes approximately three weeks. For more information, please contact the City of Clinton Administrative Offices at 864-833-7505)

PERMISSION AND/OR AGREEMENT

12. PERMISSION IS HEREBY GRANTED TO _____

TO CONDUCT _____

ON (Date) _____ Time _____

AT (Location) _____

RESPONSIBLE INDIVIDUAL

NAME _____

ADDRESS _____

CITY _____

TELEPHONE _____

CHARGE TO APPLICANT (See Attachment) \$ _____

SPECIAL CONDITIONS: _____

DATE: _____

CITY MANAGER

PUBLIC SAFETY DIRECTOR