

**Restricted Areas**

\*Visitors Information Center  
\*South of Broad excluding the  
High Battery and White Point  
Gardens Park



*City of Charleston*  
South Carolina  
Revenue Collections Division

Date: \_\_\_\_\_

License # \_\_\_\_\_

C.SIC \_\_\_\_\_

Fax Date: \_\_\_\_\_

Permit No. \_\_\_\_\_

**PALMETTO ARTISAN'S PERMIT APPLICATION**

**This application is subject to such rules, regulations and restrictions as imposed by the City of Charleston Code.**

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Applicant's Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Permanent Home Address:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Local Address:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Parent or Legal Guardian's Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Date of City of Charleston Youth Palmetto Artisan and Business Program Completion:** \_\_\_\_\_

**Date(s) Business will be conducted:** **From** \_\_\_\_\_ **Thru** \_\_\_\_\_ **20** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Location where goods will be sold:** \_\_\_\_\_

**Have you been convicted of a crime? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\_\_\_\_\_  
**I have read and understand Chapter 17, Article V of the City of Charleston Code, and I will comply with such ordinances and any other instructions or restrictions designated by the City of Charleston Police Department or Revenue Collections Division. I hereby submit this application for a City of Charleston Palmetto Artisan's Permit and attest to the fact that all of the above information is true and accurate. I understand that any false or incomplete statements shall invalidate the permit application. I further agree to abide by all the rules and regulations of the City of Charleston Youth Palmetto Artisan and Business Program. In the event that my child fails to comply with City ordinances, I voluntarily give my consent to have my child transported home by a member of the Charleston Police Department.**

\_\_\_\_\_  
**Applicant's Signature/Date**

\_\_\_\_\_  
**Parental Signature for Applicants Under the Age of 18**

**The above application for permit has been examined by the City of Charleston Police Department and by the City of Charleston Revenue Collections Division and is hereby Approved**  **Disapproved** .

\_\_\_\_\_  
**For Charleston Police Department/ Date**

\_\_\_\_\_  
**For Revenue Collections Division/Date**

**Restrictions on the permit:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_