Business License Division
1339 Main Street (1st Floor) Columbia, SC 29201 • Phone: 803-545-3345
P.O. Box 147 Columbia, SC 29217

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 #: _____

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Applicant Name: _____ **Date:** _____

Permit Type: ☐ Annual ($15) ☐ Daily ($2.50)

Phone Number: _____ **Email:** _____

1. Performance Type

What type of performance do you plan to conduct? (Check all that apply)

- ☐ Singing
- ☐ Playing a musical instrument
- ☐ Dancing
- ☐ Acting or mime
- ☐ Juggling or magic
- ☐ Puppetry
- ☐ Sidewalk art (chalk, pastels, watercolor)
- ☐ Poetry or storytelling
- ☐ Other: _____

2. Use of Props or Materials

Will your performance involve any of the following?

- ☐ Fire or flames
- ☐ Knives or sharp objects
- ☐ Animals
- ☐ Fireworks or pyrotechnics
- ☐ Projectiles (e.g., slingshots, thrown objects)
- ☐ None of the above

3. Location & Spacing

Where do you plan to perform?

- ☐ Public sidewalk
- ☐ Public park
- ☐ During a city-authorized street event or festival
- ☐ Other: _____

Will your performance be within 100 feet of any of the following?

- ☐ School
- ☐ Library
- ☐ Church (while in session)
- ☐ Hospital
- ☐ Funeral home
- ☐ None of the above

Will you maintain at least 5 feet of sidewalk clearance for pedestrian access (ADA compliance)? ☐ Yes ☐ No

Will you be at least 50 feet away from other buskers or sidewalk vendors? ☐ Yes ☐ No

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4. Sound & Noise

Will your performance include any of the following?

☐ Acoustic music
☐ Amplified music
☐ Megaphone (only allowed at city-authorized events)
☐ No sound

Will your performance occur between 10:00 p.m. and 12:00 a.m.? ☐ Yes ☐ No
If yes, will it be within 100 feet of a residence, hotel, or motel? ☐ Yes ☐ No
If yes, do you have written permission from the property owner? ☐ Yes ☐ No

5. Conduct & Safety

My initials indicate I acknowledge and understand that as a busker I must abide by the following:

- Remove all props and trash after each performance? _____initial here
- Avoid blocking sidewalks, driveways, crosswalks, or emergency access? _____initial here
- Avoid performing under the influence of alcohol or drugs? _____initial here
- Avoid interfering with parades, festivals, or community events? _____initial here

6. Donations

Will you be requesting donations? ☐ Yes ☐ No
If yes, will your sign be no larger than 12" x 18" and free of advertising?
☐ Yes ☐ No

What type of receptacle will you use for donations?
☐ Open instrument case
☐ Box or hat
☐ Other: _____

7. Prior Permit History

Have you had a busker permit suspended or revoked in the past 12 months? ☐ Yes ☐ No

Signature

I certify that the information provided is true and that I understand and agree to comply with the City of Columbia's busking ordinance including always displaying the permit during the activity.

Signature: _____**Date:** _____