



BEAUFORT COUNTY BUSINESS SERVICE CENTER

P.O. DRAWER 1228

PHONE: 843-255-2270

BEAUFORT, SC 29901-1228

FAX: 843-255-9411

www.beaufortcountysc.gov

Special Event Checklist and Application Submission Information

****Do Not Submit this Page****

Event Organizer: Must submit complete package to include items listed below:

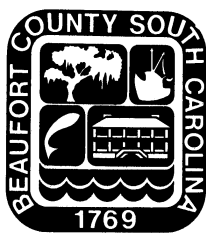
If you do not have all the applicable attachments listed the package will not be accepted.

1. Special Event Zoning Permit Application and check for \$25.00 (Payable to Beaufort County Treasurer)
2. Beaufort County Business License application for organizer and payment if not a current Beaufort County license holder
3. Applications and payments for all vendors ten (10) business days prior to the event
4. SC Department of Revenue Retail License if applicable
5. SC Department of Revenue Admission information if applicable
6. SC Department of Revenue Special Event Beer, Wine and/or Liquor License if applicable

Vendor Rates:

Event Organizer is solely responsible for obtaining all of the following applicable licenses and permits for the vendors from the County:

- Provide listing of all vendors and applications Beaufort County Special Event License if not a current in County license holder
- All Retail Vendors – application and check for \$43.75
- Food Vendors – application and check \$43.75, Hospitality Tax account \$20.00
- Security Guard Co. - application and check \$50.00
- SC Department of Revenue Retail License
- SC Department of Health & Environmental Control Food Service Permit



**COUNTY COUNCIL OF BEAUFORT COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT
POST OFFICE DRAWER 1228
BEAUFORT, SOUTH CAROLINA 29901-1228
TELEPHONE (843) 255-2170 FAX (843) 255-9446**

Zoning Permit Application

I. GENERAL INFORMATION

Name of Special Event and Location: _____

Applicant Name: _____

Organization Name: _____ Organization Business License #: _____

Physical Address of Organization/Business making application:

Street Address City State Zip

Mailing Address (if different): _____

Phone # _____ Cell# _____

E-Mail Address: _____

II. DESCRIPTION OF SPECIAL EVENT

Provide a brief description and purpose of Special Event:

Mark components of Special Event:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Road Closures | <input type="checkbox"/> Traffic Control | <input type="checkbox"/> Parking | <input type="checkbox"/> Security |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Amplified Sound | <input type="checkbox"/> Live Music | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Portable Restrooms | <input type="checkbox"/> Retail Vendors | <input type="checkbox"/> Food Vendors | <input type="checkbox"/> Signs and Banners |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Tents or Canopies | <input type="checkbox"/> Sleeping Tents | <input type="checkbox"/> Stage or Bleachers |
| <input type="checkbox"/> Inflatables/Jump Castles | <input type="checkbox"/> Admission Fee | <input type="checkbox"/> Other: _____ | |

Estimated Attendance: Participants _____ Spectators _____ Volunteers _____

III. DATE AND TIME OF SPECIAL EVENT

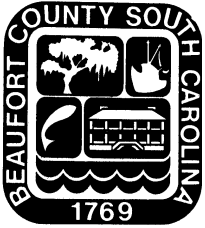
Setup Day/Date _____	Start Time _____	End Time _____
Day 1 Day/Date _____	Start Time _____	End Time _____
Day 2 Day/Date _____	Start Time _____	End Time _____
Dismantle Day/Date _____	Start Time _____	End Time _____

Note: Please put Not Applicable (NA) for all sections that do not relate to your event.

Hold Harmless Clause The Applicant hereby shall assume all risks incident to or in connection with the Special Event Permit and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the Special Event Permit. Applicant hereby expressly agrees to defend and save the County harmless from any penalties for violation of law, ordinance, or regulation affecting its activity and from any and all claims, suits, losses, damages, judgments, or injuries directly or indirectly arising out of or in connection with the Special Event Permit or resulting from the negligence or intentional act or omission of Applicant and/or its officers, agents, and employees.

Print Name Signature Date

Attach check for Zoning Fee ----- \$25.00 _____ Paid



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 BUSINESS LICENSE DEPARTMENT
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Special Event Vendor License Application

Is your business physically located within the unincorporated boundaries of Beaufort County

Yes BL# _____ No Complete application and submit payment - BL# _____

Event name: _____

Name of Business _____

Owner's Name _____

Physical Address of Business making application:

Street Address City State Zip

Phone # _____ FAX # _____

Mailing Address (if different): _____

E-Mail Address: _____

Type of Business: Sole Proprietor Corporation LLC LLP

_____ _____ _____

Federal Tax ID # Social Security # Retail License #

Describe activities: _____

Enclose payment with your application:

- _____ Retail vendors – \$43.75
- _____ Food Vendors – \$43.75, Hospitality Tax account \$20.00
- _____ Security Company - \$50.00

A copy of your County Council of Beaufort County license must be on the site at all times. If not you and/or your business may be in violation of County Code 18-56 and may be ticketed for violation of this ordinance. Failure to comply with State Codes and County Ordinances or providing false information may cause the business license to be revoked by the County Council of Beaufort.

I certify that I have completed this application and read and understand the terms by which this license is being issued and that all information on this application is true and correct.

_____ _____ _____

Print Name Signature Date

VENDOR APPLICATIONS AND PAYMENT DUE TEN (10) BUSINESS DAYS BEFORE THE EVENT