



**COUNTY COUNCIL OF BEAUFORT COUNTY  
ZONING & DEVELOPMENT DEPARTMENT  
POST OFFICE DRAWER 1228  
BEAUFORT, SOUTH CAROLINA 29901-1228  
TELEPHONE :( 843) 255-2170 FAX :( 843) 255-9446  
www.bcgov.net**

### Special Event Permit Application

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

Yes  No

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: \_\_\_\_\_

Event name: \_\_\_\_\_

Event location: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Describe activities: \_\_\_\_\_

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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 suspended by the County Council of Beaufort.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date