



Application for Vehicles Without Motors Permit

City of Anderson
401 S. Main Street
Anderson, SC 29624

Applicant's Name: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____

Business Name: _____

Description of Non-Motorized Vehicle: _____

Seating Capacity: _____

Days and Times of Operation: _____

Other Required Documentation (must be attached to application):

- Copy of current liability insurance in the amount of \$1,000,000 (naming the City as an additional insured)
- Copy of Driver's License
- Map of route requested
- Health Certificate of horse (if non-motorized vehicle is horse carriage)
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I hereby certify that the information given herein is correct and true.

Signature of Applicant: _____ Date: _____

Submit application to: Downtown Development Office
City of Anderson
401 S. Main Street
Anderson, SC 29624

To be completed by the City of Anderson: Permit: _____ Approved _____ Denied

City Validation: All required documentation provided _____ Yes _____ No

Validated By: _____ **Date:** _____

