

Instructions: Complete this form fully, sign and return with <u>\$300.00 application fee plus twelve cents per square foot usage fee</u>. Make all checks payable to <u>The City of Daytona Beach</u>. Only completed, signed forms will be accepted.

Applicant Name	
Business Name	Phone
Business Type	CODB Business Tax ID #
Business Street Address	D.B, FL, Zip
Business Contact Name	Business Contact Phone Number
complete the attached notarized	Is applicant the property owner? Yes/No (circle one) If NO, authorization of owner form and submit with your application.
	my 2021 Bike Week Site Plan:
2) Entertainment? Yes/ No (circle	one) If yes, specify type of entertainment:
	ment including names and performance times for national /major acts. House bands advance of event. Describe equipment to be used. Diagrams must specifically show speaker and live or taped recorded.
4) Hours of operation	_4) Total number of vendors = # of food vendors # of retail vendors
5) Paid Parking? Yes/ No (circle or	ne) Signs must be professionally painted and advertise price.
	e one). If yes, specify location on the site plan. <i>Note: Tents with cooking operations, "Cooking</i> feet from buildings, 4 ft. from sidewalks, 10 ft. from merchandise tents and have proper fire lines.
7) Alcohol to be sold by applicant	? Yes/ No (circle one). If yes, specify location on the site plan and provide a copy of state license.
Charity Name	<pre>'es/ No (circle one) If yes, provide charity name(s) and proof of 501C statusContactPhone Number ss</pre>
A Drawing by Donation form m	n? Yes/ No (circle one) Name: nust be filled out and submitted by the 501-C-3 / 501-C-6 Corporation
	e sheet – <u>NO HAND DRAWN PLANS ACCEPTED</u> . Identify street(s) bordering your ness address and a contact phone number on the site plan.
**A SAFETY PLAN for your loca Plans shall be drawn with sufficient detail information will prompt denial.	tion is also required as an attachment to the application. I to adequately describe all proposed outside activities, <u>including types of vendors and placement</u> . Plans with insufficient
I understand and agree to the terms ar	ad limitations of this application as described in the approved guidelines for outdoor vendor activities.
Authorized Signature	Printed Name:
Title:	Received by: Date: