

**Bike Week & Biketoberfest® Application
Submittal Requirements**

All application submittals to participate in Bike Week and Biketoberfest® Master Plan must include the following:

1. Completed Master Plan Application – All questions must be answered and supporting documents must be attached as follows:
 - a. Provide proof of ownership (i.e., VC Property Appraiser Record, Sunbiz, or property deed).
 - b. If the applicant is not the owner a notarized authorization of owner form (NOA) must be submitted. The owner information provided on the NOA must match the information on the proof of ownership document.
 - c. Property Layout – Layout must reflect all streets abutting the property, ingress/egress points; type and number of all vendors on the property, all tents (w/square feet) total, speaker location and direction, stage with measurements, legend that includes all information with square feet for each use (*see attached example*)
 - d. Parking Layout – Layout must reflect all streets abutting the property, ingress/egress points, location of port-o-lets and handwashing stations, number of parking spaces provided (*see attached example*).
 - e. Copy of active Business Tax Receipt (BTR).
 - f. Copy of State of Florida licenses (*if applicable*).
 - g. Personal check, money order, or cashier's check (*cash payments are not accepted*).



BIKE WEEK 2024
Master Plan Application
Private Property/ Outdoor Vending
Deadline for Submission
11/14/2023 - Noon

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

Applicant Name _____

Is the applicant the property owner? Yes / No (circle one) If NO, complete and attach a notarized authorization of owner form and submit with your application.

Note: All applications submittals must include property proof of ownership i.e. Property Deed, Volusia County Property Record, or Sunbiz Documents. Notarized Authorization of Owner documents must match ownership documents.

Business Name _____ Phone _____

Business Type _____

Business / Property Address _____ D.B, FL, Zip _____

12-Digit Parcel ID # _____ CODB Business Tax ID # _____

Business Contact Name _____ Business Contact Phone # _____

Contact Email _____

The following is a description of all activities that will occur on the property for 2024 Bike Week

1) Description of Activities: _____

Note: Displayed merchandise must not be offensive to minors

2) Hours of operation _____

3) Total number of vendors _____ = # of food vendors _____ # of retail vendors _____

4) Food to be sold? Yes/ No (circle one). If yes, specify location on the site plan. *Note: Tents with cooking operations, "Cooking Tents", must be a minimum of 3 feet from buildings, 4 ft. from sidewalks, 10 ft. from merchandise tents and have proper fire extinguisher. See attached guidelines.*

5) Entertainment? Yes/ No (circle one) If yes, specify type of entertainment: _____
Required: Detail live entertainment including names and performance times for national /major acts. House bands information is due 30 days in advance of event. Describe equipment to be used. Diagrams must specifically show speaker and stage direction and if music is live or taped recorded. Also provide total sq. footage at the bottom of the business site plan.

6) Paid Parking? Yes/ No (circle one) Signs must be professionally painted and advertise price.

7) Alcohol to be sold by applicant? Yes/ No (circle one). If yes, specify location on the event layout and provide a copy of state license.

8) Alcohol to be sold by charity? Yes/ No (circle one) If yes, provide charity name(s) and proof of 501C status

Charity Name _____ Contact _____ Phone Number _____

Volusia County Business Address _____

9) Alcohol to be sold by caterer? Yes/ No (circle one) If yes, provide a copy of catering state license with alcohol sales.

Charity Name _____ Contact _____ Phone Number _____

Volusia County Business Address _____

10) Charity or Drawing by Donation? Yes/ No (circle one) Name: _____

A Drawing by Donation form must be filled out and submitted by the 501-C-3 / 501-C-6 Corporation

Complete Business Address _____

****Attach EVENT LAYOUT on separate sheet- layout must include the following:**

- All streets abutting the lot(s) where the special event will occur;
- Parking area with vehicular ingress and egress points;
- Location of any temporary restroom facilities and handwashing stations;
- Type, number, and location of ALL vendors participating in the event;
- Location of all tents, including measurements;
- Location of all stages, including measurements;
- Location of any amplified sound and direction of speakers;
- A legend on the layout with identifiers for all the information in this section

****Attach PARKING LAYOUT on separate sheet – layout must include the following:**

- All streets abutting the lot(s) where the temporary parking will occur;
- Vehicular ingress and egress points,
- Location of any temporary restroom facilities and handwashing stations;
- A legend on the layout with identifiers for all of the information in this section

Plans shall be drawn with sufficient detail to adequately describe all proposed outside activities, including types of vendors and placement. Plans with insufficient information will prompt denial.

I understand and agree to the terms and limitations of this application as described in the approved guidelines for outdoor vendor activities.

Authorized Signature _____ Printed Name: _____

Title: _____ Received by: _____ Date: _____

**Submit application & site plan and payment to:
Daytona Regional Chamber of Commerce
200 S. Ridgewood Avenue, Daytona Beach, FL
32114 Phone: 386-523-3672**

NOTARIZED AUTHORIZATION OF OWNER

I/We _____ owner of _____
OWNER/AUTHORIZED AGENT' NAME **12 DIGIT PARCEL ID OR ADDRESS**

hereby authorize _____, to apply for permits, licenses, and any other
BUSINESS OWNER'S NAME

documents needed for a _____ at _____
PROPOSED USE FOR THE PROPERTY **PROPERTY ADDRESS**

OWNER/AUTHORIZED AGENT'S SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____, who is personally known to me or has
produced _____.

NOTARY PUBLIC – STATE OF FLORIDA

My Commission expires:

NAME OF NOTARY – TYPED OR PRINTED

COMMISSION # _____

For Submission with Biketoberfest® 2023 Master Plan

Business Name: _____

NOTARIZED AUTHORIZATION OF OWNER

I/We _____ owner of _____
Property Owner(s) Name 14 Digit Parcel ID and/or Address

hereby authorize _____ to apply for a _____ alcoholic
Business Owner's Name Alcohol License Type

beverage license to serve alcoholic beverages on the property listed above in relationship to
the operation of _____
Business Name

OWNER'S SIGNATURE

OWNER'S SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____
20____. by _____, who is personally known to me or has
produced _____.

My Commission expires:

NOTARY PUBLIC – STATE OF FLORIDA

NAME OF NOTARY – TYPED OR PRINTED

COMMISSION # _____