

PROPERTY OWNER REGISTRATION FORM

MEMORIAL DAY WEEKEND BIKE FESTIVAL MAY 23-26, 2025

March 31, 2025 **Return documentation to Atlantic Beach Town Hall by:** OWNER INFORMATION: Phone: () Name: **Physical Address:** City: State: Zip: Email Address: PROPERTY INFORMATION: Street Address of Property: Atlantic Beach, SC 29582 Circle the number of lot(s) to be available for rent during BikeFest: YES Will you be managing this property? NO \square If you intend to have someone other than yourself manage the rental of your property, you must complete the Property Owner Consent Letter and have it notarized. The letter must be received by Town of Atlantic Beach BEFORE a license will be issued to any vendor(s) renting space on your property. Only original notarized documents will be accepted - no faxes, duplicates, or electronic copies. Do you have electrical outlets available for use on your property? YES NO \square Is water available for use on your property? YES NO \square A contact list of property owners with space available to rent during BikeFest will be provided to Vendors. Would you like for your contact information to be included in this list? YES NO \square If YES, provide contact information below, if different from *Owner Information* above. **Contact Information for Property List available to Vendors:** Name: Address: State: Zip: _____ City: Phone: Email: