

PROPERTY OWNER REGISTRATION FORM

MEMORIAL DAY WEEKEND BIKE FESTIVAL MAY 24-27, 2024

Return docum	ch 31, 2024			
OWNER INFORMATION:				
Name:		Phone: ()		
Physical Address:				
-	City:			Zip:
Email Address:				
PROPERTY INFORMATION	DN:	V-346_		
Street Address of Proper	rty:		_, Atlantic	Beach, SC 29582
Circle the number of lot(s) to be available for rent during BikeFest:		1 2	3
and have it notarized. The let	is property? e other than yourself manage the rental of your proper ter must be received by Town of Atlantic Beach BEFOR notarized documents will be accepted - no faxes, duplic	E a license will be issu	ed to any vendo	
Do you have electrical outlets available for use on your property?				NO 🗆
Is water available for use	YES 🗆	NO 🗆		
A contact list of property	y owners with space available to rent during	BikeFest will be p	rovided to Ve	ndors.
	contact information to be included in this list ation below, if different from Owner Information above		YES 🗆	NO 🗆
Contact Info	ormation for Property List available to Vend	ors:		
Name:				
Address:				
City:		State:	Zip:	
Phone:	()			
Email:				

Consent Letter Authorizing Property Space Management/Rental On Behalf of the Property Owner For 2024 Atlantic Beach Bikefest

		Date:				
Hand delivery:	717 30 th Ave S.					
Mail Delivery:	Atlantic Beach, SC 29582 Town of Atlantic Beach PO Box 5285					
	North Myrtle Beach, SC 295	97				
Dear Atlantic Bo	each Town Manager:					
I,		Owner of Prope	erty Lot #	located at		,
(print	property owner name)		•		(print street a	iddress)
Atlantic Beach,	SC 29582, authorize the perso	on listed below	to manage the r	ental of my prope	rty for the 2024 Atla	ntic Beach Bike
Festival. I may	be contacted by phone ()		, or email			
			Authorized	Agent:		
			Name:			
			Address:			
			Phone:			
Sincerely,			Email:			
Property Owne	er					
Notary Require	ed:					
Subscribed and	sworn before me, a Notary Pu	ublic in and for t	he State of Sout	h Carolina, on	day of	, 2022.
Signature						
Printed Name				My Commission E	xpires	



SPACE RENTAL RECEIPT

May 24, 2024 - May 27, 2024

PROPERTY OWNE	R INFORMATION						
Name:							
Telephone:	()						
Lot(s) Number:							
Lot Location(s):				_			
VENDOR INFORM	ATION	8 / <u>120</u> / 28 / 55					
Name:							
Address:							
Telephone: Email:	()						
Email:							
				Space Size			
			10x10	10x20	20x20		
	1	# of:					
	Retail						
ype	Food						
lor T	Beer/Wine						
Vendor Type	Liquor						
	Parking				+		
	Exhibitor/Other			.			
		-		m(e	****		
Property Owner Signature				С	Date		
Vendor Signature		-		Date			