



ITM # _____

BIKE WEEK 2013
MARCH 8 - 17, 2013

CITY OF SOUTH DAYTONA
1672 SOUTH RIDGEWOOD AVENUE, SOUTH DAYTONA, FL 32119
(386) 322-3020 FAX (386) 322-3029

ITINERANT MERCHANT (BIKE WEEK) LICENSE APPLICATION

1. APPLICANT NAME: _____
2. MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
3. TELEPHONE #: _____
4. TYPE OF BUSINESS/SERVICE: _____
5. ITINERANT LOCATION: _____
6. PROPERTY OWNER NAME & TELEPHONE #: _____
7. NONPROFIT VENDOR? YES _____ NO _____ - MUST ATTACH PROOF
8. DISPENSING FOOD/BEVERAGES? YES _____ NO _____
9. SEMI-TRUCK? YES _____ NO _____; FOR STORAGE? YES _____ NO _____
10. MOTORHOME? YES _____ NO _____; **RV PERMIT FEE: \$100.00**
TYPE - _____, YEAR- _____,
LICENSE#- _____, LENGTH- _____, CAPACITY- _____
11. ATTACH SKETCH PLAN OF SITE SHOWING SET-UP LOCATION.
12. RECEIVED COPY OF ITINERANT MERCHANT REGULATIONS? YES _____ NO _____
13. ITINERANT MERCHANT FEE **\$ 400.00 CASH/MONEY ORDER, LOCAL CHECK, CREDIT/DEBIT CARD (SORRY - NO OUT OF STATE OR OUT OF AREA CHECKS ACCEPTED)**

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I PROVIDE ANY FALSE INFORMATION HEREIN OR IF I VIOLATE RELEVANT CITY CODES, THE CITY MAY REVOKE THIS TEMPORARY MERCHANT LICENSE. ISSUANCE OF THIS LICENSE IS TOTALLY SEPARATE FROM ANY LICENSING REQUIREMENTS OF THE STATE OF FLORIDA OR THE COUNTY OF VOLUSIA.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PROPERTY OWNER/MANAGER _____ DATE _____

LICENSE MUST BE PROMINENTLY POSTED

FOR CITY USE ONLY: APPROVED BY: _____ **A/C CODE: 78** FEE: _____

REMARKS: _____ DATE: _____