

APPLICATION FOR HOTEL OCCUPANCY TAX FUNDS

NAME OF INDIVIDUAL/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ TELEPHONE NO: _____

TAX EXEMPT 501(c) DOCUMENT ATTACHED? _____ YES _____ NO (Please check one)

NAME OF EVENT/PROGRAM: _____

DATE(S) OF EVENT/PROGRAM: _____

PURPOSE/DESCRIPTION OF EVENT/PROGRAM: _____

DESCRIPTION OF ACTIVITIES PLANNED (INCLUDE SCHEDULE OF EVENTS: _____

SPECIFY THE TOTAL AMOUNT OF HOTEL OCCUPANCY TAX FUNDS BEING REQUESTED: \$ _____

DATE ON WHICH FUNDING IS REQUIRED: _____

NAME OF PERSON(S) RESPONSIBLE FOR RECEIVING AND DISBURSING CITY FUNDS: _____

HOW MANY TOURISTS DO YOU ANTICIPATE ATTENDING THE EVENT/PROGRAM: _____

HOW MANY HOTEL/MOTEL ROOMS DO YOU ESTIMATE WILL BE BOOKED AS A RESULT OF EVENT/PROGRAM: _____

WHY DO YOU THINK THIS EVENT/PROGRAM QUALIFIES FOR HOTEL OCCUPANCY TAX FUNDS?

DATE SUBMITTED TO CITY MANAGER: _____

By: _____

Name: _____

Title: _____