

Tourism Commission

APPLICATION FOR ROOM TAX FUNDS

Name of applicant: _____

Contact Person: _____

Address: _____

Phone: _____ FEIN/TAX ID: _____

Describe what your organization wants to use City Room Tax Funds for. Describe the event in detail and give some budgetary information so the Commission is aware of other funding sources. Include the date of the event, if the date has occurred in the past, forms of advertising, etc. Please attach any information that would be helpful to the Commission in making its decision.

One important factor in allocating these funds is that there should be more hotel/motel activity in our community due to the funding provided. Explain why you believe that more people will stay in a Clintonville Hotel/Motel if your organization receives funding.

Amount Requested _____

All applications must be received and approved prior to the event and prior to funds being spent. The Commission reserves the right to ask for additional information in order to make a final decision.

Date: _____

Applicant

OFFICE USE ONLY

Tourism Commission Action Date: _____ **Dollar Amount Approved:** _____ **Acct 218-10-56700-3490**