

CITY OF CLINTONVILLE
Tourism, Marketing and Advertising Council
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 Council 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 Committee 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 Council reserves the right to ask for additional information in order to make a final recommendation to the City Council.

Date: _____

Applicant

OFFICE USE ONLY

Council Action Date: _____ **Dollar Amount Approved:** _____ **Acct 100-56700-10-3490**