

**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**