

COUNTY OF GRANT LODGERS' TAX FUND ALLOCATON REQUEST FORM

Name of Organization/Entity: _____

Type of Organization/Entity: _____

Contact Name(s): _____

Contact Number(s): _____

Address: _____

Amount of Lodgers' Tax Funds Requested: \$ _____

What will the funds be used for? *(check all that apply)*

___ Advertising ___ Tourist-Related Transportation Systems

___ Publicizing ___ Promoting Tourist-Related Attractions, Facilities, Events

Please explain in detail what these funds would be used for: *(Attach additional sheets if necessary)*

Will the funds be expended in ninety (90) days? ___ Yes ___ No

Printed Name of Applicant: _____

Signature: _____ Date: _____

— FOR COUNTY USE ONLY —

Received By: _____

Date/Time: _____

Application Status: Approved; Amount Allocated: _____
 Denied

County Manager (or Designee): _____

Date/Time: _____