

**CITY OF SENECA
HOSPITALITY TAX
APPLICATION**

SECTION I - Applicant information

ORGANIZATION NAME: _____

ADDRESS: _____

DATE: _____

CONTACT PERSON: _____ **TELEPHONE:** _____

SECTION II

Per sections 6-1-530 and 6-1-730 of the State Laws of South Carolina, the revenues from the hospitality and accommodations taxes may only be used for the following:

1. Tourism-related buildings, including, but not limited to, civic centers, coliseums, and aquariums;
2. Tourism-related cultural, recreational, or historic facilities;
3. Beach access, renourishment, or other tourism-related land and water access;
4. Highways, roads, streets, and bridges providing access to tourist destinations;
5. Advertisements and promotions related to tourism development; or
6. Water and sewer infrastructure to serve tourism-related demand.

Amount of request \$ _____

This request is (circle one) single lump sum - monthly allotment

Dates: _____ to _____

Describe how will the funds are to be used. Itemize by dollar amount, provide specific details and state how each applies to the South Carolina state laws regarding use of tax revenues

Describe where the funds will be used. If used for advertising, detail types and locations of advertising.

Describe how the use will influence tourism

SECTION III- Organization eligibility (Note: Internal city applications need not complete this section)

Is the organization incorporated? Yes/No

If yes, please provide the following information

Organization eligibility information

1. Organization's tax-exempt number _____
2. Date tax-exempt number was received _____
3. Number needed for organizational meeting quorum _____
4. Frequency that organization meets (weekly, monthly, quarterly, etc.) _____
5. Number of meetings in the past twelve months _____
6. Terms of membership and office _____
7. Target population served (age, sex, special interest, etc) _____

8. · Programs/services your organization is providing _____

9. Means by which your organizations program/services assessed for effectiveness? _____

10. Describe your organizational plan listing goals and objectives _____

11. Attach a copy of your budget for the current year
12. Attach a copy of your financial statements for last year
13. Attach a list of current board members with name, address, and telephone number and office held
14. Attach a list of standing committees of the board.

Is your organization affiliated with a national or state organization? Yes/No

If yes, do you pay national or state membership dues? Yes/No