

**CITY OF SENECA  
HOSPITALITY & ACCOMMODATIONS 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

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

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Describe how the use will influence tourism

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**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