

**APPLICATION FOR USE OF JEFFERSON COUNTY
HOTEL OCCUPANCY TAX FUNDS
(BID FEE)**

Thank you for your interest in promoting tourism and the hotel industry in Jefferson County through the utilization of county Hotel Occupancy Tax (HOT) funds. The use of HOT funds is regulated by law (Tax code 352-1033), which limits the use of those funds for the direct enhancement and promotion of tourism AND the convention and hotel industry.

I. CRITERIA

A. General Information

1. Name of Organization

Address _____

Tax ID # _____

2. What specific type of event is being held? Athletic, sports or convention?

3. Total Amount of Bid Fee Requested by this Grant? _____

4. Who will be the recipient of the bid fee? _____

5. What is the organization's financial contribution for this project/event?

8. Date of Event _____

9. Venue where Event is to be held _____

10. Which hotel/s have been blocked with rooms for this event. Please list hotel/s (do not list rates) and the number of rooms blocked at each.

II. VISITOR IMPACT

A. Provide numbers for the following:

1. Total visitors/participants expected this year: _____

2. If sports event - Total number of teams: _____

3. If convention - Total number of participants: _____

By signing this application, I, individually and on behalf of my organization, represent and agree that:

1. I have full authority to execute this application on behalf of myself, group, and organization;
2. Any funds allocated out of Hotel Occupancy Tax monies will be used solely in the manner set forth in the award letter;
3. I and my organization will, within 14 days following the date of my/our project/event, provide a complete and detailed accounting to the Jefferson County Tourism Commission, c/o Kathi Hughes, in such form as may be provided/requested;
4. Failure to provide the report within 14 days and/or to use the allocated monies solely for the purposes for which such funds were awarded shall render me and my group/organization liable for reimbursement to Jefferson County of all such funds, plus reasonable court costs and attorney fees.

Date _____

Name of first Organization Representative Completing Form _____

Signature _____

Title _____

Address _____

Phone Number _____

Email _____

Name of Second Organization Representative Completing Form _____

Signature _____

Title _____

Address _____

Phone Number _____

Email _____

Please submit the following with your application:

1. W-9 Form
2. Proof of Insurance
3. 501 (3) (c) certificate, if applicable
4. Tax ID

Return Form to: Ben J. Rogers Regional Visitors Center

Attn: Kathi Weathington Hughes
5055 IH-10 South
Beaumont, Texas 77705

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SPECIAL NOTE: Grants of hotel occupancy tax revenues may statutorily be used only for the promotion of tourism. Expenditure of funds for unauthorized purposes may result in recapture and/or enter into funding decisions in future funding cycles.