

**APPLICATION FOR USE OF JEFFERSON COUNTY
HOTEL OCCUPANCY TAX FUNDS
(TOURNAMENT NON-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 tournament are you hosting? (one event per application)

3. Date of Event _____

Venue where Event is to be held _____

Actual number of tournament days being played _____

4. 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. Total number of teams expected: _____
3. Total number of hotel rooms anticipated: _____

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. If funded 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 Organization Representative Completing Form _____

Signature _____

Title _____

Address _____

Phone Number _____

E-mail _____

Name of Second Organization Representative Completing Form

Signature _____

Title _____

Address _____

Phone Number _____

E-mail _____

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
5. **Evidence of commitment for event**
Example: Contract with fields

Return Form to: Ben J. Rogers Regional Visitors Center
Attn: Kathi Weathington Hughes
5055 IH-10 South
Beaumont, Texas 77705

Should you have any application questions or problems with the online forms, please contact Kathi Hughes for assistance at 409-842-0500 or 1-866-432-8951.

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.