



## APPLICATION FOR OCCUPANCY TAX FUNDING

Please check those municipalities listed below you will be applying to or have already applied to for funding this event or tourism-related initiative (attach copy if applied for):

- |  |  |
|--|--|
| <input type="checkbox"/> Bolton                            | <input type="checkbox"/> Lake Luzerne        |
| <input type="checkbox"/> Chester                           | <input type="checkbox"/> Queensbury          |
| <input type="checkbox"/> Hague                             | <input type="checkbox"/> Stony Creek         |
| <input type="checkbox"/> Horicon                           | <input type="checkbox"/> Thurman             |
| <input type="checkbox"/> Johnsbury                         | <input type="checkbox"/> Warrensburg         |
| <input type="checkbox"/> Town of Lake George               | <input type="checkbox"/> City of Glens Falls |
| <input type="checkbox"/> Village of Lake George            |  |
| <input type="checkbox"/> Joint Town/Village of Lake George |  |

### I. ORGANIZATION AND CONTACT INFORMATION

Applicant: \_\_\_\_\_

Legal name of entity: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Principal place of business: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Cell phone number (optional): \_\_\_\_\_

Email address: \_\_\_\_\_

Is the above name the only name under which you conduct business or fundraising activities?

Yes     No    If No, please provide all other names you use for business and fund raising purposes.

\_\_\_\_\_

## II. EVENT BACKGROUND INFORMATION

1. Type of Event: Not for Profit  For Profit  Individual
2. One time event: Yes  No
3. Name of Event: \_\_\_\_\_
4. Location of Event: \_\_\_\_\_
5. Dates of Event: \_\_\_\_\_
6. How did you choose these dates? \_\_\_\_\_
7. General description of event: \_\_\_\_\_

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(Include a list of activities during the event, if possible)

8. Amount of Occupancy Tax requested: \_\_\_\_\_
9. Anticipated cost of event (attach budget showing anticipated income and expenditures; indicate the items in your budget for which you are seeking funding ): \_\_\_\_\_

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10. Anticipated amount to be contributed by applicant toward cost of event: \_\_\_\_\_

11. Is this a new event? Yes  No  If not, please provide details.

A. Date started: \_\_\_\_\_

B. Number of years in existence: \_\_\_\_\_

C. Where located: \_\_\_\_\_

D. If multi-year event, new marketing or activity(ies) to be added this year: \_\_\_\_\_

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12. Previously funded with Occupancy Tax? Yes  No

A. If yes, by whom \_\_\_\_\_

B. Amount: \_\_\_\_\_

C. For how many years? \_\_\_\_\_

13. Will proceeds benefit any other organizations? Yes  No
- If yes, who? \_\_\_\_\_
14. A. Estimated number of attendees \_\_\_\_\_
- B. How did you determine this number of attendees? \_\_\_\_\_
- \_\_\_\_\_
- C. Percentage of day trippers: \_\_\_\_\_
- D. How did you determine this percentage? \_\_\_\_\_
- \_\_\_\_\_
- D. Percentage of overnight guests: \_\_\_\_\_
- E. How did you determine this percentage? \_\_\_\_\_
- \_\_\_\_\_
15. A. Estimated number of rooms used for overnight accommodations \_\_\_\_\_
- B. Length of stay per party \_\_\_\_\_
- C. How did you determine this number of rooms? \_\_\_\_\_
- \_\_\_\_\_

### III. MARKETING

1. Please attach your marketing plan showing how you intend to market your event, i.e. print, electronic, social media, television, radio, public relations or:

Other: \_\_\_\_\_

2. Anticipated reach of your marketing \_\_\_\_\_  
(Specify local, regional, state, national)

3. What demographic or audience are you trying to reach? \_\_\_\_\_

\_\_\_\_\_

#### IV. SAFETY AND LAW ENFORCEMENT

1. Have you consulted with the appropriate agencies regarding the potential public safety impacts of your event (e.g. police, fire, EMS, Warren County DPW, Warren County Office of Emergency Services)?

Yes

No

2. Do you need assistance with this?

Yes

No

#### V. COMMUNITY AWARENESS

1. Are there any other major events that you are aware of on your selected dates?  Yes  No

List: \_\_\_\_\_

***If awarded funding, we reserve the right to request a modification of the date should there be a conflict with other events that were scheduled prior to your event.***

#### VI. AFFIRMATION

I have read the "Application Helpful Hints" and agree to abide by them.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

Funding application 2/16/21Ing