



Hotel Occupancy Tax (HOT) Funding Application

Today's Date: _____

In order to ensure funding consideration, applications must be returned by June 3, 2022. Events that do not occur as specified in the application are not eligible for HOT reimbursement.

Organization Information

Event Name:	
Event Date:	Year Event Began:
Event Location:	
Sponsoring Organization Name:	Website & or Facebook page:
Tax I.D. Number:	

Please check one

Is your organization tax exempted? Yes No

Is your organization: Non Profit For Profit Private

Contact Information

Name of Contact:		
Mailing Address (must match address on W-9):		City, State, Zip:
Daytime Phone#:	Alternate Phone#:	E-mail Address:

Please check one

Contact Preference: Email Mail Fax

Event Funding Request

HOT Funds Requested: \$ _____

Describe in detail, exactly how funds will be used. Please be Specific. (Refer to Guidelines for authorized expenditures) _____



Who is your target audience to attend and how will you advertise?

What percent of total costs will be covered by this HOT?

Please list other organizations, government entities, grants, and funding sources that have offered financial support for the event noted above.

Estimated Total Attendance at Event listed Above: This Year _____ Last Year _____

<u>Last 3 Dates & Years of Event</u>	<u>Last 3 Cities of Event</u>	<u># of Hotels Used</u>
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

How many hotel rooms do you anticipate you will use?

Night Stays _____ x Number of Rooms _____ = Total Rooms _____

How will your hotel bookings be measured? _____

***Your attendees will be required to complete a Tourism Survey via a QR Code at each hotel. Please notify those attending that the QR code is on the hotel check-in counter.**

How did you/your organization hear about Vernon? _____

Are you considering any other locations/cities for your event? If so, which others? _____

In order to receive hotel occupancy tax, you must contact Vernon hotels for room blocks. It is imperative that you make every attempt to encourage your attendees to stay in Vernon properties. Your total room night usage in Vernon could determine future funding.

Signature of Event Representative: _____

Date: _____

Please Submit to: Amanda Lehman
City of Vernon Tourism
1614 Main Street
Vernon, TX 76384
Phone: 940-552-2564 ext. 301
tourism@vernontx.gov

