Artesia Chamber of Commerce Department of Tourism & Promotion Lodgers' Tax Grant Program **EVENT APPLICATION**

Please read the Lodgers' Tax guidelines prior to submitting your application. If granted, ONLY eligible expenses will be paid after proper documentation is received.

A follow up report will be required 60 days after the event.

Name of Organization	on:			
Name of Contact Pe	rson:			
Phone:	Cell Phon	Cell Phone:		
Email:				
Mailing Address:				
City:	State	Zip		
Alternate Contact: _		Phone:		
Name of Event:		Venue:		
Date of Event:	Date Follow	up Report is due (60 days after event):		
Anticipated number	of overnight visitors			
How many nights? _				
What other commu	nity events coincide with yo	our event?		
PROPOSED BUDG	ET			
Total Event Budget				
Amount Requested	from Lodgers Tax			
Signature of Event R	epresentative:			
Date:				
	For In	nternal Use Only		
Motion		Second	_	
Approved \square	Denied	Date	<u> </u>	

A.	Brief Event Narrative.
В.	How will this event positively promote and impact Artesia?
C.	How does this event encourage overnight stays in Artesia?
D.	Describe how you plan to use Lodgers Tax funding. Identify media outlets and equipment needs. (At least 2/3 of the LT funding you receive must be for promotional expenses.)
E.	How do you intend to survey participants at your event? (ie registration info, hotel data, crowd survey sampling, etc. A follow-up report will be required 60 days after your event.)
F.	Please include any additional information that may be helpful in consideration of this application. Use additional paper if necessary.