

FOOD & BEVERAGE TAX FUND GRANT

APPLICATION

1. APPLIC	ANI				
ORGANIZATIO	N:		_		
CONTACT PER	RSON:				
ADDRESS:					
CONTACT NUM	MBER:	EMAIL ADDRESS:			
EVENT NAME:			=		
EVENT DATE:		TOTAL PROJECTED ATTENDANCE:			
TOTAL AMOUN REQUESTED:		TOTAL PROJECT COST:	_		
2. PROJEC	CT DESCRIPTION:				
2 OTHER	SOURCES OF FUNDING AND AMO	NINT.			
a.	SOURCES OF FUNDING AND AMO	ON1.	_		
b.			_		
C.			_		
d.					
e.			_		
f.			_		
g.			_		
4. FUNDS	REQUESTED:				
a.	Amount: \$				
b.	Specific use of City funds:				
	CT TIMELINE:		_		
a. S	Start date:		┙		
b. S	Start date:		╛		
c. S	Start date:		╛		
d. S	Start date:		╛		
e. S	Start date:		_		
f. E	Event date:				

FOOD & BEVERAGE TAX FUND GRANT

ACKNOWELDGEMENT:

To the best of my knowledge and belief, the statements contained in this report are true, correct, and represent the complete accounting of this event/project. I have the authority to sign and submit this application on behalf of this organization.						
SIGNATURE:		TITLE:				
DATE:						
Please remit to:	Kiley Carter kcarter@westminsters P.O. Box 399, Westmi Phone: 864-647-3230	•	93			