



Stevens County Commissioners  
215 S Oak, Colville, WA 99114

# Hotel/Motel Tax Funds Request

*Lodging tax revenues under (RCW 67.28.1816)*

Amount of funds requested: \_\_\_\_\_  Marketing/Advertising

Amount of funds requested: \_\_\_\_\_  Maintenance/Operations

**PLEASE USE A SEPARATE REQUEST FORM FOR DIFFERENT TYPES OF REQUESTS**

Organization/Facility: \_\_\_\_\_  
 Publicly Owned    Municipal Owned    501 (c) (3)    501 (c) (6)    Please attach proof of 501 (c)(3) or 501(c)(6)  
 Other \_\_\_\_\_.

Address / ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address / ZIP: \_\_\_\_\_

Work or Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**How do you plan to use Hotel/Motel Tax Funds?** (attach additional sheets if necessary)

Estimate of event attendance and approximate number of overnight stays must accompany request for advertising awards. Copies of radio ads and newspaper ads with the dates run must also be included.

DESCRIPTION	AMOUNT
_____	_____
_____	_____
_____	_____
<b>TOTAL</b>	_____

**\*\*PLEASE NOTE, ALL BILLS & PROOF OF PAYMENT MUST BE SUBMITTED BY 12/31/2017. FUNDS WILL NOT CARRY OVER TO THE FOLLOWING YEAR\*\***

I attest that the information provided in the Event Promotion Request is true, complete and accurate. I understand that the Hotel/Motel Tax Funds being applied for can be used only in accordance with the purposes outlined in RCW 67.28.1816. I further agree that if my application is approved by the Stevens County Commissioners that I may be subject to a state audit of expenditures for the lodging tax funds. Should I furnish any false information in this application, I hereby agree that such act shall constitute denial, suspension or revocation of my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to Stevens County Commissioners -Mailing Address: 215 So. Oak; Colville, WA 99114 FAX# 509-684-8310

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 For Office Use Only

Date: \_\_\_\_\_ \$ Amount: \_\_\_\_\_

Approved Commissioner Signature: \_\_\_\_\_