



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

**NOTE: If you are requesting both Marketing/Advertising and Maintenance/Operation funds please complete and submit 2 forms. (1 form for each request type).**

**THIS REQUEST MUST BE SUBMITTED BY NOVEMBER 30<sup>TH</sup>.**

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)

*\*Advertising requests must include the dates and duration of your event, estimate of event attendance and approximate number of overnight stays expected. Copies of radio ads and newspaper ads with the dates run must also be included.*

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

**\*\*THIS FORM MUST BE RECEIVED BY THE STEVENS COUNTY BOARD OF COMMISSIONERS BY NOVEMBER 30.\*\***

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

For Office Use Only

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

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