

**City of Weatherford**  
**Hotel/Motel Tax Advisory Committee**  
**Application Form**  
**MEETINGS HELD ON THE THIRD TUESDAY AT 4:00 PM, CITY HALL**

**Organizational Information**

Name of Applicant/  
Organization/Agency \_\_\_\_\_ ided/Established \_\_\_\_\_

**Officers:**

President/Chairman \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Secretary \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Treasurer \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Event Contact Person \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Website \_\_\_\_\_

Type of Organization (brief description of activities and primary purpose)  
\_\_\_\_\_  
\_\_\_\_\_

Is your organization for profit or non-profit? \_\_\_\_\_

**Meeting/Event Information**

Amount of Event Support Funding Requested \$ \_\_\_\_\_

Name of Meeting/Event \_\_\_\_\_

Brief Narrative Description of Meeting/Event  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Years Previously Rec'd Funds \_\_\_\_\_ Date of Last Meeting/Event \_\_\_\_\_

Date Event to Begin \_\_\_\_\_ To be Completed \_\_\_\_\_

What publicity material will carry the City of Weatherford logo?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Economic Impact**

Economic Benefit/Impact to the City of Weatherford

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Anticipated Visitor Attendance to Weatherford \_\_\_\_\_ Local (within 75 miles)  
\_\_\_\_\_ Local (out of 75 miles)  
\_\_\_\_\_ Out of State

Expected Total Number of Hotel/Motel Room Nights (# nights x # rooms)

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**Anticipated Hotels/Motels to be used**

Host Hotel/Motel \_\_\_\_\_

Overflow Hotels/Motels \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Meeting/Event Facilities to be used

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Any Additional Comments that Support the Need for Event Support or Project's Merit as an Event or Activity Designated to Enhance Weatherford as a Travel Destination

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All applicants will need to supply a comparison to similar events or projects (including a report of the number of room-nights generated) and a statement outlining the economic impact the event or project will generate for Weatherford. If this is an annual event, reports from previous years are excellent comparisons.

**IMPORTANT:**

The financial information schedule must be attached with budget information completed for this application to be considered.

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Name and Address to Appear on Check:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

"We agree all of the information included in this application is true to the best of our knowledge.  
We agree to provide a final statement of all income and expenses at the conclusion of the event"

\_\_\_\_\_  
**Signature - Applicant** (Title)

Date \_\_\_\_\_

**SWOSU APPLICANTS ONLY - MUST HAVE SWOSU President or President's Designee Signature**

**Signature - SWOSU President** \_\_\_\_\_

Before submitting grant, please make sure

\*\* All pages have been filled out in their entirety. If a question is not answered, please state why it is not answered. Obtain proper signatures on application.

**GRANT RECOMMENDED TO CITY COMMISSION  
FOR APPROVAL:**

\$ \_\_\_\_\_

\_\_\_\_\_  
Signature - Hotel/Motel Tax Representative (Title)

Date \_\_\_\_\_

The Hotel/Motel Tax Advisory Committee will make a recommendation to the City of Weatherford City Council during the monthly regularly scheduled meetings. A representative from the organization requesting funds may be present at the Hotel/Motel Tax Advisory Committee meeting to answer questions.

Should a grant be submitted to meeting/event coordinator prior to an event and the event is canceled, the organization agrees to repay all funds received within 30 days of the scheduled date of the event, with repayment to be made no later than 30 days from the date of cancellation.

Return to: City of Weatherford  
Office of City Clerk  
522 W. Rainey Avenue  
Weatherford, OK 73096-4704

**\*Applications must be submitted by the 10th of each month to be on the Hotel Motel Committee Agenda.  
Applicants are encouraged to attend the meeting.**

**City of Weatherford  
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Financial Information**

EVENT NAME: \_\_\_\_\_  
EVENT DATE: \_\_\_\_\_

NOTE: Budget information must be completed & submitted with application.  
Budget & Actual must be completed & submitted with accountability form.

	<u>Budget</u>	<u>Actual</u>
<b><u>Estimated Revenues</u></b>		
Amount of Event Support Funding Requested	\$ _____	\$ _____
Funds to be Provided by Applicant	\$ _____	\$ _____
Additional Sources of Funding	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Total Revenues</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Total Expenses - see below</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>REVENUES LESS EXPENSES (LOSS/GAIN)</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

**Expense Breakdown**

Special Events (be specific in expense breakdown)

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>SUB TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

Marketing/Promotion (if paid media specify name/type of media/publication and date of airing/appearance; if audio visual specify slide, film, video, etc...; for all other be specific in expenses breakdown)

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>SUB TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

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	<u>Budget</u>	<u>Actual</u>
Collateral Material (ie: brochures, maps, flyers, etc. - specify type and number printed, include breakdown of design, layout and printing cost)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>SUB TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
Capital Improvements (be as specific as possible)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>SUB TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
Trade and/or Travel Show (specify expense breakdown and show name)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>SUB TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
Administrative Overhead		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>SUB TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
Other (be specific)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>SUB TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Total Expenses</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

