



COUNTY OF LEXINGTON
ACCOMMODATIONS TAX FUND
APPLICATION
FY 2024/25

1. Name of Project/Event

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2. Type of Organization (*select one*)

<input type="checkbox"/>	County
<input type="checkbox"/>	Municipal
<input type="checkbox"/>	Non-Profit Organization
<input type="checkbox"/>	Community Service Club, Church, etc.
<input type="checkbox"/>	501(c) 3
<input type="checkbox"/>	Other

3. Sponsoring Organization

Name of Organization	
Mailing Address	

4. Director of Project/Event

Name & Title	
Contact Number(s)	
Email	

5. Project/Event Website Address

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6. Project/Event Category (*select one*)

<input type="checkbox"/>	Tourism – Advertising / Promotion (<i>see #10 for advertising/promotion sources</i>)
<input type="checkbox"/>	Tourism Related Expenditures

7. Project/Event Timeline

Beginning Date	
End Date	

8. Location of Project/Event

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9. Number of Employees

Full-time	
Part-time	

10. Do you advertise outside of a 50-mile radius?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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*If you **answered yes**, please check all that apply for advertising sources outside of Lexington County, and include the total number of each distributed.*

Type of Ad	Total # Distributed	Range of Ad	For Ad Listings
<input type="checkbox"/> Rack Cards			Complete Attachment A to provide additional details regarding ads in magazines, newspapers, radio, billboards, and websites. Please include targeted audience.
<input type="checkbox"/> Brochures			
<input type="checkbox"/> Posters			
<input type="checkbox"/> Magazine Ads			
<input type="checkbox"/> Newspaper Ads			
<input type="checkbox"/> Radio Ads			
<input type="checkbox"/> Billboard Ads			
<input type="checkbox"/> Websites <i>(other than primary)</i>			
<input type="checkbox"/> Other			

11. Number of Project/Event Attendees

Expected Number	
Of this number, how many are tourists?	

Tourists - "People taking trips outside of their home communities for any purpose, except daily commuting to and from work." [SC Code of Laws, Chapter 6, Section 6-4-5 (4)]

12. List the methods used to track tourists

Select Methods Used		Provide the Estimated Numbers	
<input type="checkbox"/>	Webpage inquiries	<input type="text"/>	Inquiries per month
<input type="checkbox"/>	Phone call inquiries	<input type="text"/>	Phone calls per month
<input type="checkbox"/>	Brochure mailings	<input type="text"/>	Brochures mailed per month
<input type="checkbox"/>	Event ticket sales	<input type="text"/>	Tickets sold per event
<input type="checkbox"/>	Event registration	<input type="text"/>	Registrants per event
<input type="checkbox"/>	Hotel sales	<input type="text"/>	Sales per event / per month
<input type="checkbox"/>	License plates	<input type="text"/>	Count per event
<input type="checkbox"/>	Surveys	<input type="text"/>	Responses per survey
<input type="checkbox"/>	Other	<input type="text"/>	

13. Must Complete - County accommodations tax funds are generated from the hotels in the unincorporated areas of Lexington County. Please list the hotels, number of rooms, and number of nights you have used or plan to use for your project/event located in the unincorporated areas of Lexington County only.

Hotel Name & Location	Number of Rooms	Number of Nights
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

14. Please indicate whether you have read Chapter 6, Sections 6-4-5 (4) and 6-4-10, SC Code of Laws, 1976.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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15. Project/Event Budget - Requests for funds must meet the requirements of Chapter 6, Section 6-4-10, SC Code of Laws, 1976, as amended.

a. Estimated Total Cost of Project/Event:	\$ <input type="text"/>
b. Amount of Accommodations Funds Requested for this Project/Event:	\$ <input type="text"/>
c. This Request Equals What Percent of the Total Project/Event Budget:	<input type="text"/> %
d. Use Attachment B and provide a detailed list of what the funds will be used for and the estimated amount for each item (i.e. brochures - \$1,500, etc.)	Use Attachment B to complete.

16. Has your Project/Event or Organization previously received Accommodations Tax Funds?☐ Yes☐ No

If you answered yes, please complete items below.

a. Year(s)	
b. Amount(s)	
c. Source(s)	
d. Purpose(s)	
e. For each award year, did you expend 100% of the ATAX funds you received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered no, please explain.</i> <div></div>

17. Project Description – Please use [Attachment C](#) to provide the following information as required by the *Tourism Expenditure Review Committee* to ensure the project/event is in accordance to Section 6-4-10 of the S.C. Code of Laws.

a. General project/event description	<i>Please use Attachment C to complete this section.</i>
b. Benefits that the project/event will serve toward promoting tourism and the benefits to the Lexington County community	
c. Total attendance to the project/event versus the number of total tourists in attendance	
d. Economic impact generated by tourism toward the project/event	
e. Overall description of how the project/event attracts and promotes tourists to the area, and specifically how the Accommodations Tax Funds were used to accomplish this	
f. Additional comments	

PLEASE NOTE: APPLICANT AND/OR REPRESENTATIVE(S) MUST BE PRESENT DURING REVIEW PROCESS BY THE ACCOMMODATIONS TAX ADVISORY BOARD IN ORDER TO BE CONSIDERED FOR FUNDING.

Signature of Project/Event Director:

Print Name

Title

Signature

Date