



COUNTY OF LEXINGTON

ACCOMMODATIONS TAX FUND

APPLICATION

FY 2026/27

1. Name of Project/Event

2. Type of Organization (*select one*)

County
Municipal
Non-Profit Organization
Community Service Club, Church, etc.
501(c)3
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

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

Tourism – Advertising / Promotion (<i>see #10 for advertising/promotion sources</i>)
Tourism Related Expenditures

7. Project/Event Timeline

Beginning Date	
End Date	

8. Location of Project/Event

9. Number of Employees

Full-time	
Part-time	

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

 Yes No

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
Rack Cards			<p>Complete <u>Attachment A</u> to provide additional details regarding ads in <i>magazines, newspapers, radio, billboards, and websites</i>. Please include targeted audience.</p>
Brochures			
Posters			
Magazine Ads			
Newspaper Ads			
Radio Ads			
Billboard Ads			
Websites (other than primary)			
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	
	Webpage inquiries		Inquiries per month
	Phone call inquiries		Phone calls per month
	Brochure mailings		Brochures mailed per month
	Event ticket sales		Tickets sold per event
	Event registration		Registrants per event
	Hotel sales		Sales per event / per month
	License plates		Count per event
	Surveys		Responses per survey
	Other		

13. REQUIRED - County accommodations tax funds are generated by 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 that are in unincorporated areas of Lexington County only.

Hotel Name & Location	Number of Rooms	Number of Nights

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

Yes

No

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:	\$
b. Amount of Accommodations Funds Requested for this Project/Event:	\$
c. This Request Equals What Percent of the Total Project/Event Budget:	%
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 a – e.

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>		

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 with Section 6-4-10 of the S.C. Code of Laws.

a. General project/event description	<i>Use <u>Attachment C</u> 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 project /event attendance 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