



Town of Bernalillo

"The City of Coronado"

APPLICATION for LODGER'S TAX FUNDING

Lodger's Tax funding can only be provided to events/activities held within Town of Bernalillo boundaries.

CONTACT INFORMATION

Event/Activity Name:

Event/Activity Date(s):

Contact Person:

Cell Phone:

Title:

Organization:

Organization Address:

Email:

FUNDS REQUESTED

Use of Lodger's Tax funding can **ONLY** be used for the following items. **CHECK ALL** that you are requesting funding for:

ADVERTISING/MARKETING Amount requesting \$

POLICE/FIRE PROTECTION Amount requesting \$

SANITATION SERVICES Amount requesting \$

CAPITAL IMPROVEMENTS Amount requesting \$

(Do not check this box unless you have met with the Director of Economic & Community Development)

TOTAL AMOUNT REQUESTING \$

CRITERIA

Is your organization a 501-C3 (Non-Profit)? **YES NO**
 Is this a NEW event/activity? **YES NO**
 If NO, approximately how many people attended your event/activity last year?

Do you expect visitors to spend a night in Bernalillo to attend your event/activity?
 YES NO

EVENT/ACTIVITY DESCRIPTION

Will your event/activity sell liquor? **YES NO**

If YES, you MUST provide a copy of the approval certificate from the State of NM Alcohol & Gaming prior to your event/activity.

Will your event/activity be FREE to the public? **YES NO**

If NO, how much is the anticipated cost for entrance?

Will your event/activity have Music? **YES NO**

If YES, what type? **Live Band(s) DJ**

Will your event/activity provide tents? **YES NO**

Will your event/activity sell food? **YES NO**

If YES, will you have food trucks? **YES NO**

If YES, you MUST contact the State of NM Environment Department prior to your event/activity.

If you are requesting Lodger's Tax funds for **ADVERTISING/MARKETING**, please list the companies you plan to use to promote your event/activity. (Use additional paper if necessary).

CERTIFICATION & ASSURANCE

I certify that I am authorized to act and sign on behalf of the Organization and complete this application for funding from the Town of Bernalillo Lodger's Tax Fund. I also certify that the statements and information provided on this application are accurate and true to the best of my knowledge. I certify that I will keep a "clear and accurate" accounting of how the Lodger's Tax funds were used for the listed event/activity. I also agree to use any/all funds as required and I will be liable for any misuse of Lodger's Tax funds used.

I agree to provide an evaluation report within two (2) months after the event/activity to the Town of Bernalillo to determine the effectiveness of the funds provided.

Signature

Date

Printed name

Signature

Date

Printed name

Received by the Town of Bernalillo

Staff

Date