



Event Promotion Request Lodging Tax Funds

Event / Organization Name _____

Address _____ Phone _____

Federal Tax ID# of Organization _____ or Social Security # of Applicant _____

Applicant Name _____ Home Phone _____

Address _____ Work Phone _____

Fax _____ Email _____

Event Date (s) _____ Amount of Funds Requested \$ _____

Estimated # of Visitors to Kennewick _____ Estimated # of Lodging Rooms Per Night _____

Description of Event (include how event satisfies RCW 67.28.210 Event Budget & Supporting Documentation, use additional sheets if necessary).

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 67.28.210. I further agree that if my application is approved by the Kennewick City Council that I will provide the "Event Report" to Kennewick Parks and Recreation in compliance with the application reporting requirements within 30 days after the event and 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 _____

For Office Use Only

Date _____

\$ Amount _____

Approved James R. Beaver, Mayor

Mayor Signature _____

**Please return to
City of Kennewick
Parks and Recreation Office
304 1/2 W. 6th, Kennewick WA 99336**