



FOOD & BEVERAGE TAX FUND GRANT

APPLICATION

**1. APPLICANT**

ORGANIZATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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

EVENT DATE: \_\_\_\_\_ TOTAL PROJECTED ATTENDANCE: \_\_\_\_\_

TOTAL AMOUNT REQUESTED: \_\_\_\_\_ TOTAL PROJECT COST: \_\_\_\_\_

**2. PROJECT DESCRIPTION:**

**3. OTHER SOURCES OF FUNDING AND AMOUNT:**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

**4. FUNDS REQUESTED:**

- a. Amount: \$
- b. Specific use of City funds:

**5. PROJECT TIMELINE:**

- a. Start date:
- b. Start date:
- c. Start date:
- d. Start date:
- e. Start date:
- f. Event date:

FOOD & BEVERAGE TAX FUND GRANT

**ACKNOWLEDGEMENT:**

**To the best of my knowledge and belief, the statements contained in this report are true, correct, and represent the complete accounting of this event/project. I have the authority to sign and submit this application on behalf of this organization.**

**SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please remit to:

City Clerk  
City of Westminster  
P.O. Box 399, Westminster, SC 29693  
Phone: 864-647-3202 Fax: 864-647-3229