

CITY OF FLORENCE, SOUTH CAROLINA

ACCOMMODATIONS TAX FUNDING REQUEST

FISCAL YEAR 2024-2025

DATE SUBMITTED _____ AMOUNT REQUESTED \$ _____

A. Name of Applicant Organization/Event/Project:	
Name of Fiscal Agent If Applicable (enter "Same" if the fiscal agent is the same as applicant):	

B. Is applicant or fiscal agent non-profit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, indicate legal non-profit status:
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C. Describe below the organization/project/event.

D. Describe below how the organization/project/event attracts and promotes tourists to the area.

E. Start date of organization/project/event:		Completion date of organization/project/event:	
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