

**CITY OF FREDERICKSBURG
HOTEL OCCUPANCY TAX FUNDS
APPLICATION**

Date:

Official Organization Name:

Mailing Address:

Name/Title of Officer Authorized to Act for Entity:

(signature)

Applicant/Contact Person:

Phone/Email:

Amount Requested:

How will the funds be used to meet one or more of the criteria described in the Texas State Law (enclosed)?

Why should your request be granted?

Sign:

Directions: Limit response to 2 typed paged, 12 point font,
single spaced, stapled.

Submit 10 copies

NO ATTACHMENTS PLEASE