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Application Instructions	Applicant Information	Application General Questions	Applicant Specific Questions	Joint Legislative Audit Review Committee Traveler Questions	Signature and Certification	Next Steps

For All Application Types

Applicant Information ^

Organization/Agency Name*

Amount Requesting*


 #

Federal Tax ID Number*


 #

Application Contact Name*

Application Contact Email*


Application Contact Phone Number*

Authorized Contract Signatory Name*

Authorized Contract Signatory Title*

Authorized Signatory Email*



Authorized Contract Signatory Phone Number*



Annual Budget*



Percentage of Annual Budget Requested*



Please provide a brief 2-3 sentence description of your request*

Check all categories that apply to this application

- Operation and capital expenditures of tourism-related facilities owned or operated by a municipality or a public facilities district
- Tourism-related marketing
- The marketing and operations of special events and festivals designed to attract tourists
- Operation of tourism-related facilities owned or operated by nonprofit organizations

Check which one of the following applies to your agency*

- Non-Profit
- Public Agency
- LLC
- Sole Proprietor
- Partnership
- C-Corp
- S-Corp
- Other

My application includes the required and optional attached documents



- Itemized budget for your organization that includes the highlighted items for your request*
- Description of, and a budget showing, how you intend to use the amount requested from the City of Port Angeles.*

- A copy of your agency's current registration with the Washington Secretary of State*
- (Optional) Brochures or other information about your facility or items showing recent tourism promotion efforts – Limited to 8 pages

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Application Questionnaire

Briefly describe your tourism-related operation/facility and what you are requesting lodging tax for.*

If you have received Lodging Tax Funds in prior years, are you doing anything significant or differently this year?*

Are you applying for Lodging Tax funds from another jurisdiction?

- yes
- no

Does your Organization/Agency have paid employees?*

Yes

No

Please describe you target tourist audience (location, demographics, interests etc.)*

What are your organization's marketing strategies and business goals?*

Please describe how your operation lends support to a diverse range of tourism activities, which will encourage visitors to enjoy longer stays and return often.*

Does your organization promote tourism that highlights Port Angeles assets – its natural beauty, geology, outdoor activities, anthropology, community events, lifelong learning opportunities, history, culture, and the arts?*

Yes

No

Does your organization support efforts to improve information on existing City of Port Angeles tourist attractions and facilities?*

Yes

No

Describe how your request will promote existing lodging establishments, restaurants, and businesses located in the City of Port Angeles. Please be specific.*

Is your organization partnering or cooperating with other local businesses and tourism-related organizations?*

Yes




No

Describe how your request will create partnerships and synergies with existing City of Port Angeles organizations to develop and promote attractions and events for visitors.*

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For Capital Improvement Projects Only

Please provide a description of the authorization. This can be a CFP Number, Council Memo and minutes, or letter of authorization. These documents are required attachments to your application.*

Please enter a value

In what way has this capital project been provided authorization*




- The project is listed in the City's approved Capital Facilities Plan
- The project has been authorized by City Council
- The project has been authorized by a Department Director

Required

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Event Specific Questions

Describe your event/s in a brief 2-3 sentence narrative.*

Please enter a value

Is your organization proposing a new event?*

- Yes
- No

Required

Is there a host hotel for your event? *

- Yes
- No

Required

Will the event necessitate the obstruction or use of the public right-of-way, public utility hookups and/or Police or Fire assistance?*

- Yes
- No

Required

What date/s is/are your event/s being held*

Please enter a value

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