



# Application/Request for City of Weatherford Hotel Occupancy Tax (HOT) Revenue

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Date \_\_\_\_\_

**Organization Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

URL for event /activity/facility/organization \_\_\_\_\_

Tax Status: Non Profit \_\_\_\_\_ For Profit \_\_\_\_\_

Tax ID # \_\_\_\_\_

Organization Creation Date \_\_\_\_\_

Purpose/Mission of Organization

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**Request Information**

This request is for: (Please check one and provide applicable information)

\_\_\_\_\_ annual funding for the year of \_\_\_\_\_.

\_\_\_\_\_ a special event/activity/facility named \_\_\_\_\_.

If an event, it will be held on \_\_\_\_\_,

and this will be the \_\_\_\_\_ time this event has been held.

Has the Organization used HOT funds for this in the past? \_\_\_\_\_ (Yes/No)

If yes, please explain the results:

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Detail how the HOT funds will be used:

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How does the organization plan to directly enhance and promote tourism and the convention and hotel industry in the City of Weatherford through the use of HOT funds (Part-One Test)?

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Which of the following statutory categories apply to this funding request and why (Part-Two Test)?

- Convention center facilities of visitor information centers
- Registration of convention delegates
- Advertising and conducting solicitations and promotional programs to attract tourists and convention delegates
- Promotion of the arts
- Historical restoration and preservation projects or activities
- Event expenses related to sporting events which substantially increase economic activity at hotels
- Transportation systems

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**Funding Request**

In-kind services requested? \_\_\_\_\_

Amount of HOT funds requested? \_\_\_\_\_

Desired payout schedule?      One-Time \_\_\_\_\_      Quarterly \_\_\_\_\_      Monthly \_\_\_\_\_

**Economic Impact**

How does the organization expect to use other Weatherford businesses while carrying out the purpose/mission of the organization or event (printing, catering, rentals, etc.)?

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What is the expected attendance or draw of visitors for your organization or event?

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How many of those would your organization expect to use Weatherford hotels, motels, inns, or bed-and-breakfast establishments? \_\_\_\_\_

How many nights will they stay? \_\_\_\_\_

How will your organization measure the impact of your organization/event on area hotel activity? \_\_\_\_\_

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Please list the amount financially committed to each media outlet your organization plans to use:

Paid Advertising:	\$ _____	Newspaper:	\$ _____
Radio:	\$ _____	TV:	\$ _____
Direct Mailings to Out-of-Town Recipients			\$ _____
Press Releases:	\$ _____	Other	\$ _____

What specific geographic areas do your advertising materials and promotions reach?

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How many individuals located in another city/county will your proposed marketing reach?

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Additional sheets may be attached for further information.

**Please file this completed form with:**

City of Weatherford, Office of Management & Budget  
303 Palo Pinto Street  
Weatherford, Texas 76086

Or email to [budget@weatherfordtx.gov](mailto:budget@weatherfordtx.gov)