



County of Lexington
TEMPORARY ALCOHOL BEVERAGE LICENSE FEE
FY 2021/22

APPLICATION

1. Name of Festival: _____

2. Sponsoring Organization: _____

Mailing Address: _____

3. Festival Director:

Name _____ Title _____

Telephone _____ Alternate Telephone _____

Fax Number _____

Email _____

4. Festival Website: _____

5. Event Category (*Check One*):

Festival: _____

Other – Pursuant to State Statute Section 61-6-2010: _____

6. Festival Timeline (*Actual Dates of Festival*): _____

7. Location of Festival: _____

8. How many people do you expect to attend? _____

9. Festival Budget: **Request for funds must meet the requirements of Chapter 61, Section 61-6-2010, SC Code of Laws, 1976, as amended.**

a. Estimated cost for this project: \$ _____

b. Amount of funds requested for this project: \$ _____

c. This request equals what percent of the total Festival Budget? _____ %

10. Has your festival previously received Temporary Alcohol Beverage License Fee funding?

Yes No

a. If yes, state year _____, amount \$ _____, source _____, and purpose: _____

b. For each award year, did you expend 100% of the Temporary Alcohol Beverage License Fee funds you received? Yes No

c. If no, please explain: _____

11. Type of Organization:

Please check one:

- County Government
- Municipal
- Non-profit Organization
- Community service club, church, etc.
- Other: _____

Note: For-profit organizations are not eligible for funding.

12. Festival description - please attach a report with the following information:

- a. General description of the festival and brief history of the organization
- b. State the benefit that this festival will serve toward promoting tourism and the Lexington County Community
- c. Total attendance to the festival versus the number of total tourists in attendance
- d. Economic impact generated by tourism to the festival
- e. Overall description of how the festival attracts and promotes tourists to the area and **specifically how the Temporary Alcohol Beverage License Fee funds were used to accomplish this**, i.e. brochures - \$300, etc.
- f. Additional comments: _____

Signature of Festival Director:

Name

Title

Signature

Date

ORIGINAL APPLICATION DUE BY:

FRIDAY, JANUARY 8, 2021

FY 2021/22 Festival Application

Lexington County Council

212 South Lake Drive, Suite 601

Lexington, SC 29072



County of Lexington
TEMPORARY ALCOHOL BEVERAGE LICENSE FEE
FINAL REPORT
CURRENT FY 2021/22
(SUBMIT WITH FINAL EXPENDITURES FOR FUNDING)

I. FESTIVAL INFORMATION:

Organization Name: _____

Festival Name: _____

Contact Name: _____ Phone: _____

II. FESTIVAL COMPLETION:

Were you able to complete the festival as stated in your original application?

If no, state any problems you encountered: _____

III. FESTIVAL SUCCESS:

Please share any additional comments regarding the festival (e.g., lessons learned, successes, problems encountered, etc.): _____

IV. FESTIVAL ATTENDANCE:

Record numbers in table below as requested by the Tourism Expenditure Review Committee. Numbers are to reflect attendance and funds received for festivals for current and previous year.

	FY 2021/22 Current Year	FY 2020/21 Previous Year
Total Budget of Festival		
Amount Funded by the Temporary Alcohol Beverage License Fee		
Amount Funded by the Temporary Alcohol Beverage License Fee from all Sources		
Total Attendance		
Total Tourists*		

*Tourists are generally defined as those who travel 50 miles or more to attend.

V. METHODS:

Please describe the methods used to capture the attendance data listed above (license plates, surveys, etc.): _____

VI. FESTIVAL BUDGET:

Attach a report indicating what festival expenses were paid for using Temporary Alcohol Beverage License Fee for the fiscal year.

VII. ORGANIZATION SIGNATURE:

Provide signature of official with the organization verifying accuracy of above statements.

Name

Title

Signature

Date