COUNTY OF LEXINGTON

TEMPORARY ALCOHOL BEVERAGE LICENSE FEE

FY 2027/28 FINAL REPORT

(SUBMIT WITH FINAL EXPENDITURES FOR FUNDING)

I. FESTIVAL INFORMATION

Organization Name	
Festival Name	
Contact Name & Phone Number	

II. FESTIVAL COMPLETION

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

☐ Yes ☐ No

*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 the table below as requested by the Tourism Expenditure Review Committee. Numbers are to reflect attendance and funds received for festivals for current and previous years.

Total Budget of Project/Event	Current Year FY 2027/2028	Previous Year FY 2026/27
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 (i.e. license plates, surveys, etc.).

VI. FESTIVAL BUDGET

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

VII. ORGANIZATION SIGNATURE

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

Print Name _____ **Title** _____

Signature _____ **Date** _____