



COUNTY OF LEXINGTON
TEMPORARY ALCOHOL BEVERAGE LICENSE FEE
APPLICATION
FY 2024/25

1. Name of Festival

| |
|--|
| |
|--|

2. Type of Organization (*select one*)

| | |
|--|--------------------------------------|
| | County Government |
| | Municipal |
| | Non-Profit Organization |
| | Community Service Club, Church, etc. |
| | Other |

3. Sponsoring Organization

| | |
|----------------------|--|
| Name of Organization | |
| Mailing Address | |

4. Director of Festival

| | |
|-------------------|--|
| Name & Title | |
| Contact Number(s) | |
| Email | |

5. Festival Website Address

| |
|--|
| |
|--|

6. Festival Category (*select one*)

| | |
|--|---|
| | Festival |
| | Other – Pursuant to State Statute Section 61-6-2010 |

7. Festival Timeline

Actual Dates of Festival

8. Location of Festival

9. How many people do you expect to attend?

Expected Number

10. 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 Total Cost of Festival | \$ |
| b. Amount of Funds Requested for the Festival | \$ |
| c. This Request Equals What Percent of the Total Festival Budget | % |

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

Yes

No

If you answered yes, please complete items below.

| | |
|---|---|
| a. Year(s) | |
| b. Amount(s) | |
| c. Source(s) | |
| d. Purpose(s) | |
| e. For each award year, did you expend 100% of the Temporary Alcohol Beverage License Fee funds you received? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered no, please explain.</i> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |

12. Festival Description – Please use Attachment A to complete the following information as required by the *Tourism Expenditure Review Committee* to ensure the Festival is in accordance to Chapter 61, Section 61-6-2010, of the S.C. Code of Laws, 1976 as amended.

| | |
|--|---|
| a. General description of the festival and brief history of the organization | <i>Please use <u>Attachment A</u> to complete this section.</i> |
| b. State the benefits 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 towards 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 | |
| f. Additional comments | |

Signature of Festival Director:

Print Name

Title

Signature

Date