



## CITY OF SIMPSONVILLE ACCOMMODATIONS TAX COMMITTEE VOLUNTEER APPLICATION

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NAME: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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### TYPE OF REPRESENTATION

*Mark whether your business or organization represents the hospitality industry, cultural interests or if you are seeking an at-large membership on this committee:*

Hospitality Industry

*How does your business serve the travel and tourism industry?  
(e.g., provide lodging, dining, attractions, recreational amenities, etc.)* \_\_\_\_\_  
\_\_\_\_\_

Cultural Interests

*How does your business/organization represent the cultural interests of the community?  
(e.g., the arts, historic preservation, museums, festivals, etc.)* \_\_\_\_\_  
\_\_\_\_\_

Other ("At-large" Membership)

### AVAILABILITY

*If appointed to this committee, please **mark all** the times you could be available **during a weekday** to attend committee meetings with reasonable notice (at least two weeks)*

Early morning (8 AM – 10 AM)

Early afternoon (1 PM – 3 PM)

Late morning (10 AM – 12 PM)

Late afternoon (3 PM – 5 PM)

Reason for wanting to serve: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I hereby declare that my business operates within the city limits of Simpsonville. I understand that the purpose of this committee is to make recommendations on the expenditure of state accommodations tax revenues for tourism-related purposes. I am willing to devote the time necessary to carry out the responsibilities and requirements of service to the City of Simpsonville.

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**Applicant Signature**

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**Date**