CITY OF SIMPSONVILLE
ACCOMMODATIONS TAX COMMITTEE
VOLUNTEER APPLICATION

NAME: _______________________________ Position/Title: ______________________________

Business Name: _______________________________________________________________________

Business Address: _____________________________________________________________________

City, State, Zip: _______________________________________________________________________

Daytime Phone: _________________________ E-mail Address: ____________________________

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: __________________________________________________________
____________________________________________________
____________________________________________________

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.

Applicant Signature _______________________________ Date ____________________