



CITY OF MAULDIN
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 lodging industry, hospitality industry, or cultural interests of the community:

[] Lodging Industry (e.g., hotel, motel, bed and breakfast, inn, etc.)

[] Hospitality Industry

How does your business serve the travel and tourism industry?
(e.g., provide 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.) _____

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)

[] Evening (5 PM – 7 PM)

Reason for wanting to serve: _____

I hereby declare that my business serves the Mauldin community. 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 Mauldin.

Applicant Signature

Date