



# City Sales Tax Application – Request for Funding

Date: \_\_\_\_\_ Received By / Date: \_\_\_\_\_

## Applicant Information

Organization / Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / PO Box City State ZIP

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Project Information

Amount Requested: \$ \_\_\_\_\_ Total Cost of Project: \$ \_\_\_\_\_

Would like to receive funding by what date? \_\_\_\_\_

Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated material cost: \$ \_\_\_\_\_ Estimated labor cost: \$ \_\_\_\_\_

Project start-up date: \_\_\_\_\_ Project completion date: \_\_\_\_\_

Main source of income: \_\_\_\_\_

Other source of income: \_\_\_\_\_

Additional explanation or comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Disclaimer and Signature

*I certify that the above statements are correct to the best of my knowledge and belief, and that I am authorized to sign this application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Application Information

- **Deadline for applications will be the 15<sup>th</sup> of the month**
- **Please attach the following, if available:**
  1. **Copy of most recent budget**
  2. **Copy of last year's financial statement**
- **Applications are to be sent to:**
  - **Sales Tax Advisory Board**  
**PO Box 1200**  
**Rolla, ND 58367**
  - **cityofrolla@utma.com**
- **Applicants are invited to attend the Sales Tax Advisory Board Meeting**

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City of Rolla · 14 First Street SE · PO Box 1200 · Rolla, ND 58367-1200  
Phone: 701-477-3610 · Fax: 701-477-9633 · cityofrolla@utma.com

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