City of SeaTac
HOTEL/MOTEL TAX ADVISORY COMMITTEE
Application for Appointment

- Applicants selected for appointment will be subject to a background investigation.
- This application is subject to public disclosure laws of the State of Washington (RCW 42.56), and if requested will be provided in its entirety, without redaction or notification.

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Applicant information:

Name:_____ E-mail:_____

Home Address: _____ City: _____ Zip:_____

Phone (home):_____ Phone (business):_____

Current Occupation:_____ Employer:_____

Hotel/Motel Tax Advisory Committee eligibility questions:
Are you applying as a representative of:

A. A Business that collects the lodging tax ☐ Yes ☐ No
   Or
B. An Organization involved in activities authorized to be funded by lodging tax revenues ☐ Yes ☐ No

Name the business or organization you are affiliated with: _____

Additional Information: *Attach an additional page, if needed for any of the following information:*

1. What are the reasons you wish to serve on this committee?
_____
_____
_____

2. What expertise, experience or special interest do you bring to this position?
_____
_____
_____

3. Do you have suggestions about activities to promote tourism in SeaTac?
_____
_____
_____

Availability:

Date available for appointment:_____

Can you attend: Evening meetings? ☐ Yes ☐ No   Daytime meetings? ☐ Yes ☐ No

Approximately how many hours each month can you devote to City business?_____

Have you previously served or are you currently on the Hotel/Motel Tax Advisory Committee? ☐ Yes ☐ No

If recommended, by whom: _____

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I hereby certify that this application contains no willful misrepresentations, and that the information is true and correct to the best of my knowledge.

Signature:_____ Date: _____

Return this form to: City of SeaTac, Attn: City Clerk, 4800 South 188th Street, SeaTac, WA 98188 or cityclerk@seatacwa.gov

For more information about this committee contact the Economic Development Manager at ayeremeyev@seatacwa.gov.

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For office use only:		
Date Interviewed: _____	Date Appointed: _____	Re-appointment: ☐ Yes ☐ No
Date Interviewed: _____	Date Appointed: _____	Re-appointment: ☐ Yes ☐ No
Background Check Date: _____ Passed _____ Failed		