ALCOHOL LUXURY TAX REQUEST FORM

Applicant Name: _____

Name of Minor or Group Name _____

Address: _____ City _____ State _____ Zip _____

Phone No. _____ Cell No. _____ Msg. No. _____

Have you been convicted or of a felony against any person? Yes___ No ____ Explain _____

_____

PURPOSE OF REQUEST

Describe Activity: _____

What date is your activity _____ Have you received luxury tax funds _____What date _____

Attach Documents (budget, letter, flyer, roster, copy of paid registration fee, invoice etc)

What amount are you requesting? _____ What amount is your contribution? _____

Please provide proof of fundraising information or payment to your activity as your contribution

PLEASE READ AND INITIAL

I declare that I haven't been convicted of a crime against any person _____

I will have the youth attend a prevention class with FBHC, School, Coach, or Other Resource within three weeks and return verification form to Revenue _____

I agree to return receipts or funds within 15 days to Revenue _____ Failure to return receipts or funds will make me ineligible for future funding or lead to enforcement _____

I acknowledge that I am alcohol and drug free and I agree to participate as a speaker for public service announcements or other community activities along with my group _____

I affirm that the above and attached information is true and correct

_____ _____ _____

Signature Date Print Name

Amount Approved _____ Disapproved _____

_____ _____

_____ _____

_____ _____

Office Use:

_____

CRST Revenue
Box 590
Eagle Butte, SD 57625

Phone No. 605-964-7071
Fax No. 605-964-7070
Email: crrevenue@lakotanetwork.com