



**COUNTY OF LEXINGTON**  
**TEMPORARY ALCOHOL BEVERAGE LICENSE FEE**  
**FY 2024/25 FINAL REPORT**  
**(SUBMIT WITH FINAL EXPENDITURES FOR FUNDING)**

**I. FESTIVAL INFORMATION**

Organization Name	
Festival Name	
Contact Name & Phone Number	

**II. FESTIVAL COMPLETION**

Were you able to complete the festival as stated in your original application?

Yes       No

*If no, state any problems you encountered.*

**III. FESTIVAL SUCCESS**

Please share any additional comments regarding the festival (e.g., lessons learned, successes, problems encountered, etc.).

**IV. FESTIVAL ATTENDANCE**

Record numbers in the table below as requested by the Tourism Expenditure Review Committee. Numbers are to reflect attendance and funds received for festivals for current and previous years.

<b>Total Budget of Project/Event</b>	<b>Current Year FY 2024/25</b>	<b>Previous Year FY 2023/24</b>
Total Budget of Festival		
Amount Funded by the Temporary Alcohol Beverage License Fee		
Amount Funded by the Temporary Alcohol Beverage License Fee from all sources		
Total Attendance		
Total Tourists*		

*\*Tourists are generally defined as those who travel 50 miles or more to attend.*

**V. METHODS**

Please describe the methods used to capture the attendance data listed above (i.e. license plates, surveys, etc.).

**VI. FESTIVAL BUDGET**

Attach a report indicating what festival expenses were paid for using the amount funded by the Temporary Alcohol Beverage License Fee for the fiscal year.

**VII. ORGANIZATION SIGNATURE**

Provide signature of official with the organization verifying accuracy of above statements.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

