



COUNTY OF LEXINGTON
TEMPORARY ALCOHOL BEVERAGE LICENSE FEE
FY 2025/26 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.

| Total Budget of Project/Event | Current Year FY 2025/26 | Previous Year FY 2024/25 |
|--|------------------------------------|-------------------------------------|
| 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