



## ENTERPRISE ZONE DEVELOPMENT AGENCY ADVISORY BOARD APPLICATION

*(please type or print clearly)*

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY RESIDENT: YES  NO  DISTRICT: 1  2  3

HOW LONG HAVE YOU LIVED IN SARASOTA? \_\_\_\_\_

DO YOU OWN PROPERTY WITHIN THE CITY OF SARASOTA? YES  NO

IF YES, ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

ARE YOU CURRENTLY SERVING ON A CITY BOARD? YES  NO

IF YES WHICH BOARD? \_\_\_\_\_

RESUME OF EDUCATION AND EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBER OF THE FOLLOWING CIVIC ORGANIZATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHY DO YOU DESIRE TO SERVE ON THE ABOVE BOARD? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Preference will be given to appointing at least one representative from each of the following (check all that apply):

- 1) Financial or insurance company;
- 2) Regional workforce board;
- 3) Local code enforcement agency;
- 4) Local law enforcement agency;
- 5) Chamber of Commerce;
- 6) Local businesses, and where possible, businesses operating within the zone;
- 7) Nonprofit community-based organizations operating in the zone; and
- 8) Residents residing within the zone.

Preference is also given to individuals residing or owning property in the City of Sarasota.

HAVE YOU EVER BEEN CONVICTED OR PLED "NO CONTEST" TO A FELONY OR MISDEMEANOR OFFENSE? YES  NO

IF CONVICTED OF A FELONY, HAVE YOUR CIVIL RIGHTS BEEN RESTORED: YES  NO

GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THAT IF APPOINTED, I WILL SERVE ON THE ABOVE BOARD WITHOUT COMPENSATION AND AT THE PLEASURE OF THE CITY COMMISSION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**Please note:**

**Applicants for appointment to the Enterprise Zone Development Agency Advisory Board are reminded of the provisions of the Florida Statutes as applicable to conflicts of interest. All board applications are retained for one (1) year after the date of application. A new application will be required at that time.**

**Please direct any questions relative to conflict of interest to the City Auditor and Clerk, telephone no. 954-4160. Send completed applications to:**

**OFFICE OF THE CITY AUDITOR AND CLERK  
P.O. BOX 1058  
SARASOTA, FL 34230**