



NAME: _____
Last Name First Name Middle Initial

HOME ADDRESS: _____
No. Street City State Zip Code

PHONE: _____
Home Work Fax Email address

Business Name: _____ Position: _____

Address: _____
No. Street City State Zip Code

Professional License (describe) _____ Expires: _____ *Attach a copy of the license*

Pursuant to City Code section 2-22(4) a and b: Members of agencies, boards, and committees shall be affiliated with the city; this requirement shall be fulfilled in the following ways: a) an individual shall have been a resident of the city for a minimum of six months; or b) an individual shall demonstrate ownership/interest for a minimum of six months in a business established in the city.

- Resident of Miami Beach for a minimum of six (6) months: **Yes** or **No**
- Demonstrate an ownership/interest in a business in Miami Beach for a minimum of six (6) months: **Yes** or **No**
- Are you a registered voter in Miami Beach: **Yes** or **No**
- (Please check one): I am now a resident of: **North Beach** **South Beach** **Middle Beach**
- I am applying for an appointment because I have special abilities, knowledge, experience. Please list below:

Please list your preferences in order of ranking [1] first choice [2] second choice, and [3] third choice. **Please note that only three (3) choices will be observed by the City Clerk's Office.** (Regular Boards of City)

- | | |
|--|--|
| <input type="checkbox"/> Art in Public Places Committee | <input type="checkbox"/> Housing Authority* |
| <input type="checkbox"/> Beach Preservation Board | <input type="checkbox"/> Loan Review Committee* |
| <input type="checkbox"/> Beautification Committee | <input type="checkbox"/> Mayor's Green Ad-Hoc Committee |
| <input type="checkbox"/> Board of Adjustment* | <input type="checkbox"/> Marine Authority* |
| <input type="checkbox"/> Budget Advisory Committee | <input type="checkbox"/> Miami Beach Cultural Arts Council |
| <input type="checkbox"/> Committee on Homeless | <input type="checkbox"/> Miami Beach Commission on Status of Women |
| <input type="checkbox"/> Committee for Quality Education in MB | <input type="checkbox"/> Miami Beach Florida Sister Cities |
| <input type="checkbox"/> Community Development Advisory* | <input type="checkbox"/> Normandy Shores Local Gov't Neigh. Improvement |
| <input type="checkbox"/> Community Relations Board | <input type="checkbox"/> Oversight Committee for General Obligation Bond |
| <input type="checkbox"/> Convention Center Advisory Board | <input type="checkbox"/> Parks and Recreation Facilities Board |
| <input type="checkbox"/> Debarment Committee | <input type="checkbox"/> Personnel Board* |
| <input type="checkbox"/> Design Review Board* | <input type="checkbox"/> Planning Board* |
| <input type="checkbox"/> Disability Access Committee | <input type="checkbox"/> Police Citizens Relations Committee |
| <input type="checkbox"/> Fine Arts Board | <input type="checkbox"/> Production Industry Council |
| <input type="checkbox"/> Golf Advisory Committee | <input type="checkbox"/> Public Safety Advisory Committee |
| <input type="checkbox"/> Health Advisory Committee | <input type="checkbox"/> Safety Committee |
| <input type="checkbox"/> Health Facilities Authority Board | <input type="checkbox"/> Transportation and Parking Committee |
| <input type="checkbox"/> Hispanic Affairs Committee | <input type="checkbox"/> Visitor and Convention Authority* |
| <input type="checkbox"/> Historic Preservation Board* | <input type="checkbox"/> Youth Center Advisory Board |

* Board Required to File State Disclosure form

Note: If applying for Youth Advisory Board, please indicate your affiliation with the Scott Rakow Youth Center:

1. Past service on the Youth Center Advisory Board: Yes No Years of Service: _____
2. Present participation in Youth Center activities by your children Yes No . If yes, please list the names of your children, their ages, and which programs. List below:
- Child's name: _____ Age: _____ Program: _____
- Child's name: _____ Age: _____ Program: _____

• Have you ever been convicted of a felony: **Yes** or **No** If yes, please explain in detail:

• Do you currently have a violation(s) of City of Miami Beach codes: **Yes** or **No** . If yes, please explain in detail:

• Do you currently owe the City of Miami Beach any money: **Yes** or **No** . If yes, explain in detail

• Are you currently serving on any City Boards or Committees: **Yes** or **No** . If yes; which board?

• What organizations in the City of Miami Beach do you currently hold membership in?

Name: _____ Title: _____

Name: _____ Title: _____

• List all properties owned or have an interest in, which are located within the City of Miami Beach:

• I am now employed by the City of Miami Beach: **Yes** or **No** . Which department? _____

• Pursuant to City Code Section 2-25 (b): Do you have a parent , spouse , child , brother , or sister who is employed by the City of Miami Beach? Check all that apply. Identify the department(s):

This section is "not required" but desired: Age: _____ years old Gender: Male Female

Ethnic Origin (Check one)

White African-American/Black Hispanic: Asian or Pacific Islander American Indian or Alaskan Native

Employment Status: Employed Retired Home-maker Other _____

"I hereby attest to the accuracy and truthfulness of the application and have received, read and will abide by Chapter 2, Article VII – of the City Code "Standards of Conduct for City Officers, Employees and Agency Members."

Applicant's Signature _____ Date _____ Name of Applicant (PLEASE PRINT) _____

Please attach a copy of your resume to this application
NOTE: Applications will remain on file for a period of one (1) calendar year.

Received in City Clerk's Office by _____ Date _____
Name of Deputy Clerk

Document Control Number (Assigned by the City Clerk's Office) _____ Entered By _____ Date _____

Revised 1/25/07 jo