

# APPLICATION FOR APPOINTMENT

## Franklin County Tourist Development Council

**Member:**

A resident/elector who is an owner or operator of motels, hotels, recreational vehicle parks, or other tourist accommodations in the County that ~~are subject to the tourist development tax.~~

A resident/elector of Franklin County, Florida, involved in the tourist industry and has demonstrated an interest in tourist development, but **are not an owner or operator** of motels, hotels, recreational vehicle parks, or other tourist accommodations in the County that are subject to the tourist development tax.

Check One:  Mr.  Mrs.  Ms.  Miss  Dr.

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street/City/Zip Code

Mailing Address: \_\_\_\_\_  
(if different) Street/City/Zip Code

Commission District in which you reside: (Staff will complete.) \_\_\_\_\_

Are you available year-round to attend meetings?  yes  no If no, what months **are** you available?

\_\_\_\_\_

Telephone numbers: Mobile: (\_\_\_\_\_) \_\_\_\_\_ Alternate: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Have you ever** pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred, been placed on probation, received a suspended sentence, or forfeited bail in connection with any offense (except minor traffic violations)? Please show all convictions, including driving while intoxicated (DUI) convictions.  yes  no If yes, please provide the following information:

TYPE OF OFFENSE(S): \_\_\_\_\_

DATE(S): \_\_\_\_\_

PLACE(S) (city/state): \_\_\_\_\_

SENTENCE(S) OR FINE(S): \_\_\_\_\_

*A conviction record does not necessarily disqualify you for consideration. Factors such as age at time of offense, nature of violation, and rehabilitation will be considered. The Franklin County Board of County Commissioners retains the right to remove, at will, any appointee to a Board or Committee with or without cause.*

**EDUCATION/EXPERIENCE:** *A resume is recommended to be attached containing this and any other information that would be helpful to the Board in evaluating your application.*

Resume or letter of qualifications attached?  yes  no

Education: \_\_\_\_\_

Employment Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other experience** you feel would be helpful to the Board in making this appointment: \_\_\_\_\_

\_\_\_\_\_

Community Experience and Affiliations: \_\_\_\_\_

\_\_\_\_\_

Other County Boards/Committees/Task Forces on which you have served: \_\_\_\_\_

\_\_\_\_\_

Do you or any member of your immediate family, or business associate work for Franklin County or hold a position that might conflict with your duties for this Board/Committee/Task Force? If yes, please explain:

\_\_\_\_\_

**REFERENCES:** Please list two references with contact information:

\_\_\_\_\_

\_\_\_\_\_

- *Applicants may be required by State Law and County Ordinance to file a Financial Disclosure Statement as part of the appointment process.*
- *Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true. (Pursuant to Section 92.525 Florida Statutes, falsifying this application is a Third-Degree Felony punishable by up to five years imprisonment and up to a \$5,000 fine.)*
- *Florida law prohibits an advisory board member from doing business with its agency (the County). Section 112.313(3) and (7), Fla. Stat.*

→ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applications must be filed with the Franklin County Clerk of Courts, 33 Market Street, Suite 203, Apalachicola, Florida 32320 **by Friday, May 24, 2024.** All information submitted becomes public record. If you have any questions, please call (850) 653-5077 or send an email to [michael@franklincountyflorida.gov](mailto:michael@franklincountyflorida.gov).