



City of Apalachicola  
Candidate Application Form  
Business License Equity Study Commission

Application Date: \_\_\_\_\_

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

Ph. # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work #: \_\_\_\_\_

Business Address: \_\_\_\_\_

1. How long have you been a resident of the City of Apalachicola? \_\_\_\_\_
2. How long have you been a business owner in Apalachicola? \_\_\_\_\_ any where else? \_\_\_\_\_

\_\_\_\_\_

3. Why are you interested in serving on the Business License Equity Study Commission?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What skills and experience would you bring to the work of this commission? \_\_\_\_\_

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\_\_\_\_\_

5. Describe your experience serving on any city, county or other governmental boards:

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6. This study commission will last 3-6 months and will require time for meetings and to properly research issues and concerns related to amending the City's business license ordinance. Will you be able to contribute the necessary time to be available and attend meetings? \_\_\_\_\_

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7. Have you read and are you familiar with City Ordinance 2005-11 (Business License Ordinance) and F.S. Statute 205.0535 Local Business Taxes? \_\_\_\_\_

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8. If appointed, you will be required by law to follow the Sunshine Law (Chapter 286 – F.S.). Have you read and are you familiar with the Sunshine Law? \_\_\_\_\_

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**Additional Comments:**

Is there anything that you want us to know that would help us make a decision about serving on the Business License Equity Study Commission? \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

***For access to documents noted in 7. and 8. click [here](#)***