

CITY OF SONORA

APPLICATION FOR COMMISSION/COMMITTEE APPOINTMENT

94 North Washington Street
Sonora, CA 95370
(209) 532-3508

Position Applying For: _____

Name: _____

Residence Street Address: _____

Are you a current resident of the City of Sonora? _____ Yes _____ No

If yes, how long have you lived within the City of Sonora? _____

Occupation: _____

Do you have an existing City Business? _____ Yes _____ No

If yes, Business Name: _____

Address: _____

Telephone #: Cell _____ Residence _____

Business _____ Fax _____

List any community organizations in which you have been or are currently involved with:

Marijuana Industry Affiliation: _____

(Only applicable to individuals applying for the City's Marijuana Working Group)

Briefly describe the qualifications you possess which you feel would be an asset to the
Commission/Committee for which you are applying: _____

Briefly explain why you would like to serve on the Commission/Committee: _____

I have sufficient time to devote to this responsibility and plan to attend the required meetings if I am appointed to this position. I understand that if I am appointed to a Commission where a Statement of Economic Interests Form 700 is required by State Law or Council Policy, I shall comply within thirty (30) calendar days of assuming office.

I hereby consent that this document is considered a public record and will be available to the public for review.

Applicant's Signature

Date

Applications must be submitted as required under the Public Notice advertising the vacancy on or before the required submittal date.