CITY OF SANTA CRUZ APPLICATION FOR APPOINTMENT TO SUGAR SWEETENED BEVERAGE TAX OVERSIGHT COMMITTEE

Applications will be considered active for two years from date of submission. If vacancies occur, your application may be reconsidered by the Council.

NAME* _____ DATE _____

RESIDENCE ADDRESS* _____ CITY _____ ZIP _____

EMAIL* _____ HOME # _____ CELL # _____

EMPLOYER _____ OCCUPATION _____

REGISTERED CITY VOTER? Yes ____ No ____ YEARS LIVED IN CITY LIMITS OF SANTA CRUZ _____

EMPLOYED BY CITY OF SANTA CRUZ? Yes ____ No ____ PRESENTLY SERVING ON ADVISORY BODY?* Yes ____ No ____

PERSONAL REFERENCE or
ENDORSING COUNCILMEMBER (optional) _____ PHONE _____

**required fields.*

Members appointed to this committee are subject to the Conflict of Interest laws of the State of California and are required to submit a Form 700, "Statement of Economic Interest" within 30 days of assuming office and annually thereafter.

SIGN AND RETURN TO CITY CLERK'S DEPARTMENT

_____
Signature of Applicant

By Email gliebig@santacruzca.gov

By Mail/In Person: 809 Center Street, Room 10
Santa Cruz, CA 95060

Fax: 831-420-5031

How did you hear about the advisory body opening?

____ City Website ____ Word of mouth ____ Display ad ____ City Staff, Commissioner, or Councilmember

Other (explain) _____

● PLEASE USE THE REVERSE SIDE FOR ADDITIONAL INFORMATION ●

Please note: *This application is considered a public document and will be available for release upon request.*

Please answer the following questions. ***required fields** (Feel free to attach additional sheets.)

1. Why are you interested in this position? What particular skills would you bring to the Committee?

2. What types of diverse interests/experiences would you bring to Committee?

3. List community/volunteer activities with which you have been involved in the last five (5) years.

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