



The City of Port Angeles Advisory Board Application

Lodging Tax Advisory Board

Applicant Name and General Information

First MI Last

Address City State Zip

Home phone Work phone Cell phone

E-mail address

Certification and Location Information

Are you employed by the City of Port Angeles?..... Yes No

Are you a citizen of the United States?..... Yes No

Are you a Registered Voter?..... Yes No

Are you a City resident?..... Yes No

If so, how long:

Do you own/manage a business in the City?..... Yes No

Do you hold any professional licenses, registrations or certificates in any field?..... Yes No

If so, please list: _____

Are you aware of any conflict of interest which might arise by your service on the advisory board that you are applying for?
If so, please explain:



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Work or Professional Experience - List most recent experience first, or attach a resume

Employer

Brief job description

Employer

Brief job description

Employer

Brief job description

Education – List most recent experience first

| | | Yes | No |
|----------------------------|---|------------------|----|
| <hr/> Institution/Location | <hr/> Degree earned/Major area of Study | <hr/> Graduated? | |
| | | Yes | No |
| <hr/> Institution/Location | <hr/> Degree earned/Major area of Study | <hr/> Graduated? | |
| | | Yes | No |
| <hr/> Institution/Location | <hr/> Degree earned/Major area of Study | <hr/> Graduated? | |

Charitable, Social and Civic Activities and Memberships – List major activities you have participated in during the last five years

Organization/Location

Group's purpose/objective

Brief description of your participation

Organization/Location

Group's purpose/objective

Brief description of your participation



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Lodging Tax Advisory Committee Applicant Supplemental Questionnaire

1. Describe the importance of balancing Lodging Tax related expenditures on: capital, operations, events, and marketing. What do you feel is the highest priority and why?

2. How will you support implementation of event funding? Recognizing the fact that funding for events is limited, explain how you feel historic events should be weighed against new event opportunities. How will time of year play into your decision making?

3. What is your future vision of Port Angeles as a tourism destination?

4. Based on your current involvement in the tourism industry (if any) do you perceive any conflicts of interest? How will you address any potential or perceived conflict of interest?

Applicant Signature

Date

Submit completed forms to:

Office of the City Clerk
City of Port Angeles
321 East 5th Street
Port Angeles, WA 98362

Kari Martinez-Bailey
360-417-4634
kmbailey@cityofpa.us

In compliance with the Americans with Disabilities Act, if you need special accommodations because of a physical limitation, please contact the City Manager's Office at 360-417-4500 so appropriate arrangements can be made.

This document and all attached information is considered a public record and may be distributed to members of the City Council for appointment consideration. Additionally, it may become a part of a City Council packet.