



TAYLOR COUNTY

LICENSING BOARD APPLICATION

Name: _____

Mailing Address: _____

City: _____ State: Florida Zip Code: _____

Home Phone: _____

Work Phone: _____

Email: _____

Employer: _____

Job Title: _____

Number of years residing in Taylor County: _____

Are you a resident of Taylor County? YES: _____ NO: _____

Are you willing to attend all board meetings? YES: _____ NO: _____

Are you familiar with the building trade? YES: _____ Layperson: _____

Education:

Are you a High School Graduate? YES: _____ NO: _____

Name of School: _____

Post-Secondary Education:

Name of School: _____

Technical Training:

Name of School: _____

Do you or any family member have any affiliation with any business that has a vendor relationship with the Taylor County BCC or any other contractual relationship with the Taylor County Board of County Commissioners? YES: _____ NO: _____

If Yes, explain: _____

Why do you wish to serve on the Taylor County Licensing Board? _____

Have you ever been charged with a misdemeanor or felony in any state or federal court? YES: ___ NO: ___

If Yes, explain in detail: _____

Explain what knowledge or interest qualifies you for consideration for appointment to this Board. Attach additional sheets if needed.

I understand the duties and responsibilities of this Board and pledge that I will faithfully attend the meetings, carry out the duties of a Board member, and abide by all Board rules should I be appointed.

Date

Signature

Print Name