

**APPLICATION FOR APPOINTMENT TO
STATESBORO BUSINESS COMMISSION**

(PLEASE PRINT OR TYPE)

Name: _____

Address: _____

City, State, Zip: _____

Primary Phone Number: _____

Alternate Phone Number: _____

E-mail address: _____

Do you presently hold an Occupational Tax Certificate with the City of Statesboro? Yes / No

If yes, Name of Business and location address:

Are you an authorized representative of an entity holding an Occupational Tax Certificate with the City of Statesboro? Yes / No

If yes, Name of Business and location address:

Please state why you would like to serve as a member of this commission.

Are you willing and able to attend meeting on a regular basis? Yes / No

I hereby certify that the information provided in this application to be accurate.

Signature: _____ Date: _____

Submit completed application to: The office of the City Clerk by Fax 912-764-8258 or by email to leah.harden@statesboroga.gov.

Please note: submission of this application does not guarantee and appointment.