



# CITY OF FORT PIERCE

100 NORTH US HWY 1  
 FORT PIERCE, FLORIDA 34950  
 (772) 467-3000 FAX (772) 467-3841

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

**Historical Preservation**

Name of Board or Boards for which you are applying:

Name: <b>SHIRLEY BEMENDERFER</b>	Phone: <b>772-595-4024</b>
Home Address: <b>1611 OLEANDER BLVD</b>	How long at this address? <b>2.5 YEARS</b>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <b>REAL ESTATE BROKER</b>	
Do you own a business that operates within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the address and nature of said business: <b>FLORIDA PROPERTIES OF FORT PIERCE, LLC                  800 VIRGINIA AVENUE, STE 56                  FORT PIERCE, FL 34982</b>	
Do you now or in the future plan to do business with the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in what capacity?	
Are you employed by a business that is located within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the business and location: <b>FLORIDA PROPERTIES OF FORT PIERCE, LLC                  800 VIRGINIA AVENUE, STE 56                  FORT PIERCE, FL 34982</b>	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No    Real Estate Brokering: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Land Development: <input type="checkbox"/> Yes <input type="checkbox"/> No    Other: Describe your education, background, training and knowledge in the above area(s): <b>40 YEARS OF REAL ESTATE SALES                  2-20 INSURANCE LICENSE</b>	
Are you currently a member of a Commission-appointed board/committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
Referred by:	Email Address:
Date: <b>7/15/15</b>	Applicant's Signature:

**APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.**  
 Please return form to: City Clerk's Office – 100 North US Hwy 1, Fort Pierce, Florida 34950  
 fax (772) 468-3841 or via email at [lcox@city-ftpierce.com](mailto:lcox@city-ftpierce.com)