



CITY OF FORT PIERCE

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

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Sunrise Theatre Advisory Board

Name: <u>Anthony J. Lella</u>	Phone: <u>772-873-3700</u>
Home Address: <u>345 NW Shoreline Circle, PSL 34986</u>	How long at this address? <u>14 years</u>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>Retired</u>	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other: <u>Educational</u> Describe your education, background, training and knowledge in the above area(s): <u>BS Degree - Foreign Service - Georgetown Univ</u> <u>MA Degree Secondary Education - New York Univ</u>	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Sunrise Theatre Advisory Board</u>	
Have you ever been convicted of a crime? If yes, what was the nature of the crime(s) you were convicted of: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Referred by:	Email Address: <u>ajl1942@gmail.com</u>
Date: <u>10-6-20</u>	Applicant's Signature: <u>Anthony J. Lella</u>

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 icox@city-ftpierce.com