



# CITY OF FORT PIERCE

100 NORTH US HWY 1  
FORT PIERCE, FLORIDA 34950  
(772) 467-3065 FAX (772) 467-3841

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: SUNRISE THEATER ADVISORY BOARD

Name: <u>DALE MATTESON</u>	Phone: <u>702-592-4200</u>
Home Address: <u>PO BOX 981 PALM BEACH FL 33480</u>	City/Zip Code: <u>33480</u>
How long at this address? <u>10 yrs</u>	
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>Real Estate Development</u>	
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: <u>King's Landing</u>	
Do you now or in the future plan to do business with the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in what capacity? <u>King's Landing</u>	
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: <u>Audubon Development Inc</u>	
Do you have special training or knowledge in the area of: Architecture: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Other: Describe your education, background, training and knowledge – (feel free to attach a resume):	
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 felony? <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: <u>TOM PERONE</u>	Applicant Email Address: <u>dale@audubondevelopment.com</u>
Date: <u>3-25-21</u>	Applicant's Signature: <u>[Signature]</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) 467-3841 or via email at lcox@cityoffortpierces.com