

Print

Application For Appointment/Reappointment - Submission #23268

Date Submitted: 11/25/2024

Name of Board or Boards for which you are applying:*

Parking Committee - Keep Ft. Pierce Beautiful Advisory

Name:*

Staci L Dunn

Home Address:*

3117 Maravilla Blvd

City:*

FORT PIERCE

State:*

FL

Zip:*

34950

How long at this address?*

20+ years

Telephone Number*

7728828869

If less than two years, provide prior address:

205 Orange Avenue

Are you a citizen of the United States? *

Yes

No

Occupation: *

Owner/Operator

Employer:*

The Cake Lady Custom Cakes

Do you own a business that operates within the City of Fort Pierce?*



Yes



No

If yes, list the address and nature of said business:

205 Orange Avenue - Bakery

Do you now or in the future plan to do business with the City of Fort Pierce or the Fort Pierce Utilities Authority(FPUA)?*



Yes



No

If yes, in which organization and in what capacity?

FORT PIERCE business owner

Are you employed by a business that is located within the City of Fort Pierce?*



Yes



No

If yes, state the business and location:

The Cake Lady Custom Cakes, 205 Orange Avenue, Fort Pierce, 34950

Do you have special training or knowledge in the area of:

Engineering:*

Yes

No

Architecture:*

Yes

No

Real Estate Brokering:*

Yes

No

Finance/Accounting:*

Yes

No

Contracting:*

Yes

No

Land Development:*

Yes

No

Utilities:

Yes

No

Management:*

Yes

No

Describe your professional background and what expertise you will bring to this Board. (Attach your resume or other applicable information below if desired) *

was Paralegal from 1989 to 1999, then opened own Medical transcription business while homeschooling children for 10 years then in 2013 opened downtown business which I currently own and operate.

Are you currently a member of a Commission-appointed board/committee?*

Yes

No

If yes, please specify:

Have you ever been convicted of a felony?*

Yes

No

If yes, what was the nature of the crime(s) you were convicted of:

If appointed, are you willing to attend a training session which could last several hours?*

Yes

No

Referred by:*

Applicant Email Address:*

Date:*

Applicant's Signature:*

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

For additional information, please contact the City Clerk's Office at 772.467.3065 or email lcox@cityoffortpierce.com.

Upload Resume (Optional)

 No file chosen