

Print

Application For Appointment/Reappointment - Submission #24453

Date Submitted: 11/20/2025

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

Parking

Name:*

Daniel Noelke

Home Address:*

1605 Wyoming Ave

City:*

Fort Pierce

State:*

FL

Zip:*

34982

How long at this address?*

7 years but have owned it for 21

Telephone Number*

772-332-7263

If less than two years, provide prior address:

Are you a citizen of the United States? *





Yes



No

Occupation: *

Insurance Agent

Employer:*

Daniel Noelke LLC/Florid Farm Buy

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:

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?

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

Yes

No

If yes, state the business and location:

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

Engineering:*

Yes

No

Architecture:*

Yes

No

Real Estate
Brokering:*

Yes

Finanace/Accounting:*

Yes

No

NO

NO

No

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) *

7 years non-profit fundraising 17 years insurance/financial services experience and life long resident of Fort Pierce

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

Yes

No

If yes, please specify:

Parking

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:*

NA

Applicant Email Address:*

dannynoelke@me.com

Date:*

11/20/2025

Applicant's Signature:*

Daniel Not

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