

Print

Application For Appointment/Reappointment - Submission #24773

Date Submitted: 4/3/2026

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

Community Redevelopment Agency Advisory Committee, Arts and Culture Advisory Board , Historic Preservation Board, Sunrise Theatre Advisory Board, Planning Board

Name:*

Benjamin Tomes

Home Address:*

713 S 10th St

City:*

Fort Pierce

State:*

FL

Zip:*

34950

How long at this address?*

7 years

Telephone Number*

262-391-7617

If less than two years, provide prior address:

☐ **Are you a citizen of the United States? ***





Yes



No

Occupation: *

Actor/Screenwriter, Former Longtime Educator/MMA coach

Employer:*

Self-Employed

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:

WAVE/PDA 713 S 10th St, Fort Pierce, FL, 3450 (wife owns the nonprofit pr 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	
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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) *

I have an extensive background in grant writing, urban education, history, research, and community organization and have worked in professional sports. My coaching career is filled with several instances of doing the impossible and I can transfer that skill to get things done in Fort Pierce.

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)

Ben Tomes 2023 Resume 2.pdf