



CITY OF DES MOINES
APPLICATION FOR LODGING TAX ADVISORY COMMITTEE
21630 11th Avenue South
Des Moines, WA 98198

NAME: _____
ADDRESS: _____
CITY, ZIP: _____
Contact Information - PHONE: Home _____ Work _____
Cell _____ Fax _____ E-Mail _____

EMPLOYMENT/VOLUNTEER SUMMARY LAST FIVE YEARS:

Are you related to anyone presently employed by the City or a member of a City Board? _____
If yes, explain: _____

Do you currently have an owning interest in either real property (other than your primary residence) or a business in the Des Moines? _____ If so, please describe: _____

IN ORDER FOR THE APPOINTING AUTHORITY TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING A SEPARATE PAPER IF NECESSARY.

1. Specify the group you represent:
- Local Lodging Industry Business/Organization Providing Programs & Services to Promote Tourism in Des Moines

Provide Details of this Representation: _____

2. What problems, programs or improvements are you most interested in? _____

3. Please list any Des Moines elective/appointive offices you have run/applied for previously.

