

**APPLICATION FOR APPOINTMENT TO  
STATESBORO BUSINESS COMMISSION**

*(PLEASE PRINT OR TYPE)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Do you presently hold an Occupational Tax Certificate with the City of Statesboro? Yes / No**

**If yes, Name of Business and location address:**

\_\_\_\_\_

**Are you an authorized representative of an entity holding an Occupational Tax Certificate with the City of Statesboro? Yes / No**

**If yes, Name of Business and location address:**

\_\_\_\_\_

**Please state why you would like to serve as a member of this commission.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you willing and able to attend meeting on a regular basis? Yes / No**

**I hereby certify that the information provided in this application to be accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit completed application to: The office of the City Clerk by Fax 912-764-8258 or by email to [leah.harden@statesboroga.gov](mailto:leah.harden@statesboroga.gov).**

*Please note: submission of this application does not guarantee an appointment.*