

## ALCOHOL LICENSING COMMITTEE

### CANDIDATE INFORMATION SHEET

**Task of Committee:** To serve in an advisory capacity to the City Council regarding applications for new retail alcohol licenses and possible sanctions against alcohol licenses who have violated the law.

**Essential Qualifications of Board Candidate:**

1. Residence within city limits. Membership will continue for duration of term should member relocate from the City.
2. Readiness to devote time and effort to duties of Board.
3. Ability to work well with others, e.g., tact, respect for varied opinions and points of view, open-mindedness and objectivity.
4. Good judgment, intelligence and ability to articulate the issues, problems and solutions.

**Meetings:** Monthly on the Monday preceding the first Council meeting of the next Month in Meeting Rooms D/E, City-County Government Center at 4:00 p.m. or when called by special notice.

**Terms:** Three years expiring January 1st. May be reappointed for two additional three-year terms.

**Number of Members:** Four citizen members and one City Council member.

**Board Established by:** Municipal Code 12.03

**Staff Liaison:** City Attorney

**Compensation:** None

**CITY OF FOND DU LAC  
APPLICATION FOR APPOINTMENT TO  
CITY BOARDS, COMMISSIONS, AND COMMITTEES**

\_\_\_\_\_  
Name of Board, Commission or Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

18 Years of Age or Older? Yes  No  Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Are you currently a resident of Fond du Lac? Yes  No  No. of Years: \_\_\_\_\_

Education: \_\_\_\_\_

List potential conflicts of interest: \_\_\_\_\_

List City boards, commissions or committees on which you have served:	Yrs	List other civic, church or club committees on which you have served:	Yrs

I have read the information sheet outlining the desired qualifications for this board. My background and interests meet these desired qualifications as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If selected, I would like to work towards bettering the community through my service in the following ways:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note:** By filing this application with the City of Fond du Lac, applicant acknowledges that personal information on this form may be published in the annual Fond du Lac Boards and Commissions Directory and distributed to members, staff and the public.