



**City of Solvang
Tourism and Marketing Advisory Committee Application**

Interested parties must submit application either by email or to the Solvang Parks and Recreation office **by 5 pm Friday, November 15th, 2024.**

Applicant's Name: _____

Are you a resident within the City of Solvang? ___ Yes ___ No

Cell Phone: _____ Home Phone: _____

Email: _____

Name of Business: _____

Previous service on any commission/board/council? ___ Yes ___ No

If yes, which commission/board/council? _____

When: _____

Are you able to attend day meetings? ___ Yes ___ No

Do you own a business within the City of Solvang? ___ Yes ___ No

Name and address of business:

Do you contract any services or are you employed by the City? ___ Yes ___ No

If so, what is the nature of the contract or employment?

Professional experience:

Educational Background:

Civic Activities and Community Involvement:

Approximately how many City Council and/or advisory body meetings have you attended in the last 24 months? Please describe the reasons for attendance or topics of interest.

Why are you seeking the appointment with the Tourism and Marketing Advisory Committee?

I hereby certify that the information contained in this application and any accompanying documents are true and correct to the best of my knowledge.

Signature: _____ Print Name: _____

Date: _____