

## ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT 1 of 3

<p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 806-5300 or by e-mail at CobleC@leoncountyfl.gov</p> <p>Applications will be discarded if no appointment is made after two years.</p>			
Name: <u>KENNETH B. (BENT) BEVIS</u>		Date: <u>6/3/09</u>	
Home Phone: <u>386 3119</u>	Work Phone: <u>894 8084</u>	Email: <u>BENTBEVIS @ AOL.COM</u>	
Occupation: <u>REAL ESTATE BROKER</u>	Employer: <u>BENT BEVIS REALTY, INC</u>		
Please check box for preferred mailing address.			
<input checked="" type="checkbox"/> Work Address: <u>2104 DELTA WAY, SUITE 4</u>			
City/State/Zip: <u>TALAHASSEE, FL 32303</u>			
<input type="checkbox"/> Home Address <u>3203 RIDGEWAY CT</u>			
City/State/Zip: <u>TALAHASSEE, FL 32312</u>			
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
For how many years have you lived and/or owned property in Leon County? <u>25</u> years			
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference			
1st Choice: <u>PLANNING COMMISSION</u> 2nd Choice: _____			
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:			
Human Services ___ Housing <input checked="" type="checkbox"/> Health Care ___ Science ___ Library Services ___ Growth Management <input checked="" type="checkbox"/>			
Tourist Development ___ Transportation ___ Bicycle/Pedestrian ___ Parks & Recreation ___			
Code Enforcement ___			
Other Areas _____			
Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, on what Committee(s) have you served? <u>CITY OF TALAHASSEE - CONSTRUCTION/INDUSTRY REVIEW COMMISSION</u>			
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more			
And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more			
What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night			

(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.

Race:  Caucasian     African American     Hispanic     Asian     Other  
 Sex:     Male     Female    Age: 66    Disabled?     Yes     No

Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 606-5300 or e-mail at CobleC@mail.co.leon.fl.us

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available. CITY OF TALLAHASSEE CONSTRUCTION INDUSTRY REVIEW COMMITTEE (6 YRS), CHAIR 4 YRS (UXU RESIG. IF APPOINTED TO COUNTY COMMITTEE); TALLAHASSEE BULLDOG ASSN, MBA, PAST Bd OF DIRECTORS; TALLAHASSEE BOARD OF REALTORS, 2014-15, 2009 PRESIDENT; AS A REALTOR/BROKER I HAVE BEEN INVOLVED IN NUMEROUS NEW SUBDIVISIONS AND BUILDING PROJECTS

References (you must provide at least one personal reference who is not a family member):

Name: BRYAN DESLOGE Telephone: 606 5364  
 Address: 301 SOUTH MONROE ST TALLAHASSEE, FL 32301

Name: DOUG TURNER Telephone: 656 4663  
 Address: 508 SECADITAL CIR TALLAHASSEE FL

**IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP**

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation?     Yes     No  
 Are you willing to complete a financial disclosure form, if applicable?  Yes     No  
 Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee?  Yes     No    If yes, from whom? \_\_\_\_\_  
 Do you anticipate that you would be a stakeholder with regard to your participation on a Committee?  Yes     No  
 Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts?  Yes     No    If yes, please explain \_\_\_\_\_  
 Do you or your employer, or your wife or child or their employers, do business with Leon County?  Yes     No  
 If yes, please explain \_\_\_\_\_



Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? 9 Yes 9 No  
If yes, please explain \_\_\_\_\_

All statements and information provided in this application are true to the best of my knowledge.

Signature: KB (BERT) Beck-

Please return Application to **Christine Coble, Agenda Coordinator  
Leon County Board of County Commissioners  
301 South Monroe Street  
Tallahassee, FL 32301**