CITY OF COFFEE CITY
APPLICATION FOR ECONOMIC DEVELOPMENT CORPORATION

Return this form to : Coffee City EDC, Attn: EDC Secretary, 7019 Pleasant Ridge Rd, Coffee City, TX 75763
Name: _____
Address: _____ City:_____State:____Zip_____
Telephone/Cell: _____ Email:_____
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The function of the Coffee City Economic Development Board is to identify growth opportunities for Coffee City related to sales tax producing business enterprises, recreation and tourism industries for our lake community. The Coffee City EDC accomplishes this by regularly engaging with the Coffee City Council and local residents to determine the needs and wants of the community in accordance with the Texas Local Government Code.

This application is subject to the approval of the EDC Board. Once the EDC Board approves the application, the EDC Board will make a recommendation to the City Council of Coffee City, Texas for appointment.

VERIFICATION OF ELIGIBILITY

The following information is necessary to be considered to become a member of the Coffee City EDC.

Please provide answers to the following to verify your eligibility for EDC Board Member consideration:

1. Are you a legal resident of Texas? YES NO

2. Do you live within the City Limits of Coffee City, Texas? YES NO

3. Do you live within 10 miles of Coffee City, Texas and own property/business within Coffee City? YES NO

4. Have you served on an Economic Development Board before? YES NO

5. Have you served in an executive management position of a company? YES NO

6. Do you have military, law enforcement or previous municipal experience? YES NO

7. Do you have any experience with:
   - Computers: YES NO Which programs: _____
   - Bookkeeping: YES NO Which programs: _____
   - Grant Writing: YES NO Please explain: _____
   - Budget Preparation: YES NO

REQUIREMENTS FOR EDC BOARD APPOINTMENT

As an applicant to an EDC "Board Position, you must be able to attend scheduled meetings. Three unexcused absences will result in the position being declared vacant and the EDC Board will be required to appoint a replacement.

Regular EDC Monthly Meetings are held on the 4th Monday of each month at 5:30 p.m. (subject to change)
Special Called Meetings may occur at any time scheduled by the EDC President and times may vary.

Affirmation:

I, _____, have provided true and correct information that verifies my eligibility to be considered for an EDC Board Member Position. I understand that this information will be subject to verification and that if any information I have provided is determined to be false or inaccurate my application for consideration will be null and void.

Signature: _____ Date:_____

Received by:_____ Date:_____