

CITY OF BOZEMAN, MONTANA
APPLICATION FOR THE COMMUNITY ALCOHOL COALITION

Date: _____

Name: _____

Physical Address: _____

Mailing Address (if different): _____

Email: _____

Phone(s): _____

Length of time in the Bozeman area: _____

Occupation: _____

Employer: _____

Have you ever served on a City or County board? _____

(If so, where, what board, and how long?)

Applicants should apply as one of the following: hospitality industry representative; member of law enforcement; prevention specialist; MSU student; MSU staff or faculty member; Bozeman High School student; Bozeman School District representative; medical community representative; non-hospitality local business representative; neighborhood association representative; or interested citizen who may or may not qualify in another capacity.

Please explain your relevant qualifications, interests, and experiences.

References (Individual or Organization) Name:

Phone:

_____	_____
_____	_____
_____	_____

This application is considered public record. Application contact information may be displayed on the City of Bozeman website.

PLEASE NOTE: Per Ordinance No. 1759, revising Chapter 2.01 of the Bozeman Municipal Code, all board members are required to attend a yearly ethics workshop provided free of charge by the City as a condition of service as a member of a board.