



APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD

☐ New Applicant ☒ Re-Appointment

INCOMPLETE APPLICATIONS WILL BE RETURNED

Mr/Mrs/Ms:			
Name:	Last: Farlow	First: Keith	Middle Initial
Residence Address:			
Street: 302 Lake Tahoe Ct	City: Englewood	Zip Code: 34223	
Mailing Address:			
Street: 2080 S McCall Rd	City: Englewood	Zip Code: 34224	
Phone No.			
Home: 941-468-2579		Business: 941-474-5343	
FAX:			
E-Mail Address:Keffarlow2080@gmail.com			

I hereby submit my name for consideration to serve in an advisory capacity to the Board of Charlotte County Commissioners on the following Advisory Board:

Name of Advisory Board

If applying for a specific category/position, please so state: TDC

Occupation: Restaurant Owner

If currently retired, previous occupation: _____

Civic/Professional Accomplishments/Offices Held:

CRA Board, Chairman of the Board of YMCA of Southwest Florida, President of the Englewood Chamber, President of Lemon Bay Sunrise Rotary Youth Endowment, Englewood Fire District Fire Pension Board, 2023 Business of the Year, 2023 Business Partner of the Year, Punta Gorda Englewood Beach Visitor Bureau

**APPLICATION TO SERVE ON A
CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED**

My qualifications to be eligible are as follows:

Served on many boards, also involved in business that is directly related to tourism.

If applicable, please indicate any employment, contractual relationship or status that you may have, or have had within the past 12 months, with any private business entity that rents, leases or sells any realty, or provides any goods or services to the County or that is conducting any business with the County.

None

Is this application for a new appointment? ☐ Yes ☒ No

If yes, please indicate what you would like to accomplish if you are appointed to this Board:

Is this application for a re-appointment? ☒ Yes ☐ No

➤ If yes, please indicate what your accomplishments have been while serving on this Board:

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➤ If “Yes”, please indicate what you would like to accomplish during this term:

To focus more attention on Charlotte County in the region. Also we are providing the best experience for our tourists.

If you have previously served on a Charlotte County Advisory Board or are currently serving and seeking reappointment, please indicate the number and general nature of any voting conflict disclosure memorandum filed (Form 8B) while serving on the board:

No

Have you ever worked for the Charlotte County Board of County Commissioners? ☐ Yes ☒ No

➤ If “Yes”, please list position, department, start and end date: _____

Do you have any relatives currently working for the Charlotte County Board of County Commissioners? ☐ Yes ☒ No

➤ If “Yes”, please list name(s) and department(s): _____

Are you a full-time Charlotte County Resident? ☐ Yes ☒ No

Have you ever been convicted of a Felony or Misdemeanor? (Please be sure you understand the question, as failure to answer truthfully will disqualify you) ☐ Yes ☒ No

➤ If "Yes", please explain: _____

Have you ever pled NO LO CONTENDRE or pled guilty to a crime which is a Felony or a Misdemeanor? (Please be sure you understand the question, as failure to answer truthfully will disqualify you). ☐ Yes ☒ No

➤ If "Yes", please explain: _____

<p style="text-align: center;">APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED</p>

- 1.) All of the Boards and Committees appointed by the Board of County Commissioners are required to comply with the Sunshine Law FS 286.011 and some of the Boards and Committees appointed by the Board of County Commissioners are required to comply with Chapter 112, Florida Statutes, the Financial Disclosure Law. You may be required to file a Form 1 Financial Disclosure. You will be provided with more information upon appointment.
- 2.) Charlotte County, an equal opportunity/affirmative action employer, considers the selection and appointment of persons to advisory boards in a non-discriminatory manner consistent with the requirements of Federal, State and Local non-discrimination laws.
- 3.) The Board of County Commissioners request that you attend the Commission meeting at which your application will be considered for appointment. This office will notify you of the Commission meeting date.
- 4.) Members who fail to regularly attend meetings may automatically forfeit their appointment.

By signing this application, you acknowledge that you have read and understand the previous statements.

Keith E Farlow

Signature

1-28-24

Date

A résumé or list of qualifications and experience is required but cannot replace this application form.

PLEASE RETURN THIS COMPLETED FORM TO:

Charlotte County Board of County Commissioners
Attn: Janina Stamoulis
18500 Murdock Circle
Suite 536
Port Charlotte, FL 33948

AND EMAIL TO:

Janina.Stamoulis@CharlotteCountyFL.gov