



**CITY OF COOPER CITY
CITIZENS RESOURCE SHEET**

Please indicate the Board(s) for which you wish to be considered:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Business Advisory Board | <input type="checkbox"/> General Employees Pension Board | <input type="checkbox"/> Mental Health & Wellness Advisory Board |
| <input type="checkbox"/> Charter Review Board | <input type="checkbox"/> Green Advisory Board | <input type="checkbox"/> Recreation Advisory Board |
| <input type="checkbox"/> Education Advisory Board | <input type="checkbox"/> Planning & Zoning Board | <input type="checkbox"/> Senior Advisory Board |
| <input type="checkbox"/> Firefighters Pension Board | <input type="checkbox"/> Police Pension Board | <input type="checkbox"/> Finance Review Advisory Board |

Please choose one:

- I wish to be considered by Commissioner Ryan Shrouder (please write in name)
- I wish to be considered by any member of the Commission

Date: 11/17/22

Name: Howard Meltzer Email Address: nomargod@aol.com

Home Address: 9770 SW 55 Ct. Cooper City, FL 333

Cell #: 9544458148 Work #: _____ Home #: _____

Length of Residence in Cooper City 10 Years _____ Months

Length of Time as Business Person in Cooper City _____ Years _____ Months

QUALIFICATIONS:

Please provide a brief statement outlining why you wish to serve on the applicable boards and/or committees selected. In addition, please attach copy of your resume or vita (optional): _____

Former City Commissioner and creator of CC Business Expo, CC Senior Expo and Tast

I have personally visited every brick and mortar business in CC and spoken with countle

I implement well thought out ideas, born out of necessity and consistently achieve positi

Experience in Board Subject:

Related Work or Civic Affiliation: Owner/CEO Atlantic Coast Botanicals, Inc. 1993-2022

College (if appropriate): Florida Atlantic University, 1989

Field of Study: BBA/Accounting

Other professional or technical training (Name of school, course name, etc.): _____

DISCLOSURES:

1. Are you or any of your relatives presently employed by the City of Cooper City? ^{no} _____ If yes, please state names and City departments/divisions: _____

2. Are you aware of any potential conflict of interest that may arise from your serving on City of Cooper City boards and committees? ^{no} _____ If yes, please explain: _____

3. Do you have any unpaid or delinquent accounts, water bills, etc. owed to the City of Cooper City? ^{no} _____ If yes, please list: _____

4. If you own property in the City of Cooper City, do you have any pending code violations and/or unpaid code fines related to such property? ^{no} _____ If yes, please list: _____

5. Is there any other information that you would like to disclose in connection with this application? _____ If yes, please do so here: ^{no} _____

Please affirm and acknowledge that you understand and agree to the following (mark each box):

I understand that in accordance with Florida Sunshine Law, this information becomes public record and may be subject to public review.

If appointed, I agree to faithfully and fully perform the duties of my appointment, will make every endeavor to serve my full term, and will comply with all laws and ordinances of the City of Cooper City, Broward County and the State of Florida, particularly those pertaining to the standards of conduct for public officers and related financial disclosure requirements, if applicable. I further agree to take the applicable statutory oath. I understand that if appointed, I must take the oath of office prescribed in the Florida Statutes.

Misrepresentation of any information or qualifications given on this application may cause automatic removal from any board/committee.

Signature: Howard Meltzer Date: 11/17/22