**Board of Directors Application**

**Friendly City Food Co-op**

**Board of Directors:** *Three-Year Term*

**Name:**  **Member Number:**

**Address:**

**Email:**

**Phone (day): Phone (evening):**

**Current Occupation:**

1. **Share a little about yourself. *Please provide a few sentences about your hobbies, interests, family and/or career, and community involvement.***
2. **Why would you like to serve on the board of Friendly City Food Co-op? Have you ever served on a board before, and if so, which one(s)?**
3. **What particular skills, knowledge, and/or life experience do you bring to Friendly City Food Co-op that enables you to support and advance its mission?**
4. **What experience do you have with Friendly City Food Co-op, Co-ops, and small businesses?**
5. **Friendly City ignites my passion for…**
6. **The item I can’t live without at Friendly City is…**

Please type your initials beside each statement below as your act of confirmation:

I have read, understand and commit to the mission and goals of Friendly City.

I have read, understand and commit to the bylaws of the Friendly City.

I have read, understand and commit to the job description and expectations of the Friendly City Food Co-op board of directors. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please complete this application and return to Board President Lindsay Martin, at Friendly City Food Co-op 150 East Wolfe St, Harrisonburg, VA or at [lindsay.martin@friendlycity.coop](mailto:lindsay.martin@friendlycity.coop)

**Section 3b: ABC License Eligibility Requirements**

Per ABC regulations, because no shareholder owns more than 10 percent of the corporation, all officers and directors are required to complete the following.

Do you currently have financial interest in any business selling alcoholic beverages? Yes No  
If Yes, provide:  
(license number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (trade name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had any type of alcoholic beverage license refused, revoked or suspended? Yes No  
If Yes, provide:  
(trade name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of any of the following:

• motor vehicle violation(s) (not including parking tickets)? Yes No  
• driving while intoxicated? Yes No  
• other criminal offense(s)? Yes No

If Yes to any of the above, provide the following information (using additional sheets of paper if necessary):  
(date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (offense) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (offense) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an elected or appointed official of the Commonwealth of Virginia or any political subdivision thereof? Yes No  
If Yes, provide:  
(title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Failure to disclose ownership interest in your business or falsification and/or misrepresentation of information  
may result in refusal of your license and/or criminal charges, which may include the Class 5 felony of perjury