



Application for TPA Commission

Return completed form to City Clerk:

Spokane Valley City Hall

10210 East Sprague Avenue Spokane Valley, WA

99206

Phone: 509-720-5102

mpatterson@spokanevalleywa.gov

Applications may be mailed or e-mailed. Please do not send an application via text message attachment. Feel free to call the City Clerk if you have questions.

Applicants must be operators of lodging businesses within **Spokane Valley City** limits or employees of the operator of such lodging business.

I AM INTERESTED IN SERVING TO REPRESENT THE FOLLOWING HOTEL TYPE:

[Check ONLY one box] (Hotels classifications are briefly defined below, but are more thoroughly defined by Smith Travel Research)

☐ Economy (a hotel offering few amenities)

☐ Midscale (generally under 140 rooms)

☐ Upper Midscale (generally more than 140 rooms)

☐ Upscale (a facility that offers luxury amenities, such as an on-site restaurant)

☐ Full Service (typically includes a wide variety of onsite amenities, restaurants, etc.)

This Commission shall consist of five voting representatives and one non-voting ex-officio member. The ex-officio member shall be assigned by the City Manager. Members serve without compensation. Initially three members shall have a three-year term, and two shall have a two-year term. Upon expiration of the initial three-year term, all positions shall be two years.

Name (please print): _____

Complete residence address: _____
Street City Zip Code

Complete mailing address (if different from above address): _____

Length of time residing at current address: _____

Complete name and mailing address of hotel you are associated with:

U.S. Citizen? ☐ yes ☐ no

WA State registered voter? ☐ yes ☐ no

What is your preferred way for us to contact you: *[Note: If you have an unlisted phone number, or do not want your e-mail address made public, do not include that information. Once this document is submitted to the City, it becomes subject to public disclosure.]*

☐ Home Phone: _____ ☐ Work phone: _____

☐ Cell Phone: _____ ☐ Other message phone: _____

☐ E-mail address: (please print clearly): _____

☐ Regular mail to residence or mailing address shown above

EMPLOYMENT: (Please start with most recent)

1. ☐ present ☐ previous

Name of employer: _____

Address: _____ Phone: _____

Position held: _____ Dates of employment: _____

2. ☐ present ☐ previous

Name of employer: _____

Address: _____ Phone: _____

Position held: _____ Dates of employment: _____

3. ☐ present ☐ previous

Name of employer: _____

Address: _____ Phone: _____

Position held: _____ Dates of employment: _____

EDUCATION:

Please circle highest level of completed education:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Other relevant certifications/licenses: _____

VOLUNTEER EXPERIENCE: Name of social, fraternal, organizations, etc.

1. ☐ current ☐ previous _____

2. ☐ current ☐ previous _____

PROFESSIONAL ORGANIZATIONS. Local, state, or national government boards, committees, or commissions on which you serve or have served.

1. ☐ current ☐ previous _____

2. ☐ current ☐ previous _____

By signing this application, I certify under penalty of perjury of the laws of the State of Washington that all information is true and correct to the best of my knowledge and belief. I further state that my appointment would not represent a conflict of interest or an appearance of a conflict of interest with the duties of this position. I understand this application is subject to disclosure pursuant to chapter 42.56 RCW.

Signature

Date Signed