

City of Hoschton Downtown Development Authority Member Application

Thank you for your interest in serving on the Downtown Development Authority.

We are seeking individuals with a passion for community, a heart for small business, and a vision for a vibrant downtown. Please complete this application fully and thoughtfully.

◆ Section 1: Applicant Information

- **Full Name:**
- **Home Address:**
- **Phone Number:**
- **Email Address:**
- **Do you reside within the city limits of Hoschton?** ☐ Yes ☐ No
- **Are you a taxpayer in the city?** ☐ Yes ☐ No
- **Are you an owner or operator of a business located in the downtown development area?** ☐ Yes ☐ No
 - If yes, Business Name & Address:

◆ Section 2: Professional & Civic Experience

1. **Current Occupation & Employer:**
2. **Relevant Past Employment or Business Experience:**
3. **List any professional licenses, certifications, or skills relevant to economic development, business, real estate, planning, or public service:**
4. **Have you served on any boards, commissions, or nonprofit organizations?**

- ☐ Yes ☐ No
- If yes, please list:

◆ Section 3: Intent & Vision

These questions are designed to understand your passion, perspective, and potential contribution to the DDA.

1. **Why do you want to serve on the Downtown Development Authority?**
2. **What do you believe are the biggest opportunities and challenges facing our downtown right now?**
3. **What ideas or visions do you have that could help support downtown business growth, increase foot traffic, or attract new investment?**
4. **Describe a time you led or supported a community initiative or project. What was the outcome?**
5. **How do you define a “successful downtown”?**

◆ Section 4: Commitment & Availability

1. **Are you able to attend monthly DDA meetings (typically held 1 day per month)?**
☐ Yes ☐ No
2. **Are you willing to occasionally volunteer at downtown events or support DDA-led initiatives (e.g. strategic planning sessions, workshops, or promotional activities)?**
☐ Yes ☐ No
3. **Do you have any conflicts of interest that may affect your service on the DDA?**
☐ Yes ☐ No
 - If yes, please explain:

◆ Signature

By signing below, I certify that the information provided is true and accurate to the best of my knowledge. I understand that this is a volunteer position and that all applications will be reviewed by the appropriate city officials.

Signature: _____

Date: _____

***Please complete and email this application to:**

1. Jennifer Kidd, City Manager: **Jkidd@cityofhoschton.com**
2. Jessica Martin, DDA Chair: **Jessica@puttersgolfcarts.com**