

OLDE TOWN ARVADA BUSINESS IMPROVEMENT DISTRICT (BID)

BOARD APPLICATION

Your name _____

Olde Town property address _____

Do you own a business that operates there _____ Own the property _____ Both _____

Name of Business _____

Are you a Colorado Resident _____

Email address _____ Phone number _____

Can you attend monthly board meetings on the 4th Wednesday of the month at 2pm _____

Do you have time, interest and flexibility in your schedule to help with board projects, volunteer at events and contribute to the success of the BID

Are you willing to do outreach to your fellow business/property owners _____

What skills/interests will you contribute to this board _____

Qualifications _____

Other boards, advisory committees or commissions you currently serve on _____

Anything else you would like to share _____

Signature

Date