



APPLICATION FOR APPOINTMENT - CITY COUNCIL SEAT 5

City of Palm Bay • 120 Malabar Road • Palm Bay, FL 32907
Phone: 321-952-3414 • www.palmbayflorida.org • Fax: 321-953-8971

Full Name: ALAN H MILES

Home Address: 301 LISA RD NE

City: PALM BAY FLORIDA

Telephone Number: C-321-693-9011 Zip Code: 32907

Email Address: Lnmiles@aol.com Fax Number:

EMPLOYMENT

Employer: Retired Occupation: OPTOMETRIST

Address:

City: State: Zip Code:

Telephone Number: Fax Number:

Email Address:

Job Responsibilities: PATIENT CARE, PURCHASING, ACCOUNTING, BUSINESS LAW

EDUCATION

High School Name: CROSSLAND SR HIGH

Location: CAMP SPRINGS, MD Years Completed: 4 Major/Degree: DIPLOMA

College Business or Trade School: UNIVERSITY OF MARYLAND

Location: COLLEGE PARK, MD Years Completed: 4 Major/Degree: B.S.

Professional School: PENN COLLEGE OF OPTOMETRY

Location: PHILADELPHIA, PA Years Completed: 4 Major/Degree: O.D.

Other:

Location: Years Completed: Major/Degree:

What are your hobbies / interests? AUTOMOBILES, HAVE AN ALL ELECTRIC CAR AND SOLAR ROOF PANELS, PAST PRESIDENT MUSTANG CLUB, BOATING, FISHING, DINING, CRAFT FAIRS, FLEA MARKETS

Why do you want to serve on City Council? TO HELP MAKE THE CITY A BETTER MORE VIBRANT PLACE TO LIVE AND WORK, AS A RECENT RETIREE, TO UTILIZE MY PAST 35 YEARS LIVING IN PALM BAY (PORT MALABAR) FROM THE G.D.C. ERA TO THE PRESENT AND BE ABLE TO GUIDE AND PLAN FOR THE FUTURE.

APPLICATION CERTIFICATION

By filing this application with the City of Palm Bay and placing my signature below, I do hereby acknowledge the following:

- 1. This Application, when completed and filed with the Office of the City Clerk, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and is open to public inspection.
- 2. I am responsible for keeping the information on this form current and that any changes or updates will be provided to the Office of the City Clerk.
- 3. I consent to filing the Statement of Financial Interests. <http://www.ethics.state.fl.us>
- 4. If appointed, I acknowledge that it is my obligation and duty to comply with the following:

Code of Ethics for Public Officials (Florida Statutes, Chapter 112, Part III)
Florida Sunshine Law (Florida Statutes, Chapter 286)
<http://www.flsenate.gov/Statutes>

- 5. I understand the responsibilities associated with being a council member, and will have adequate time to serve on City Council.

The information provided on this form is true and correct, and consent is hereby given to the City Council or its designated representative to verify any and/or all information provided.

Signature: Alan A Miles

3-6-2023

Submit the application to:
City of Palm Bay
Office of the City Clerk
120 Malabar Road, SE
Palm Bay, Florida 32907

Office of The
MAR 7 - 2023
City Clerk

APPLICANT INFORMATION

City Clerk

Have you ever held a business tax receipt? Yes No If yes, please provide the following:

[Empty box for business tax receipt details]

Title: ALAN H MILES OD PA

Issue Date: 2000 ? Issuing Authority: STATE OF FLORIDA

If any disciplinary action has been taken, please state the type and date of the action taken:

Disciplinary Action: [Empty] Disciplinary Date: [Empty]

Are you a resident of the City? Yes No If yes, how long? [Empty] Years [Empty] Months

How long have you been a resident of Brevard County? 35 Years [Empty] Months

Are you a United States citizen? Yes No

Are you a registered voter of the City? Yes No

Are you employed by the City? Yes No If yes, what department? [Empty]

Do you presently serve on a City board(s)? Yes No If yes, please list board(s):

[Empty box for City board(s)]

Have you previously served on a City board(s)? Yes No If yes, please list board(s):

[Empty box for previously served City board(s)]

Are you currently serving on a board, authority, or commission for another governmental agency?

Yes No If yes, what board(s): [Empty]

[Empty box for board(s)]

Have you ever been convicted or pled guilty to a criminal charge or pled nolo contendere (no contest)

to a criminal charge? Yes No If yes, what charge: [Empty]

[Empty box for criminal charge]

Where: [Empty] When: [Empty]

Disposition was: Convicted Pled Guilty Pled No Contest

Have your civil rights been restored? Yes No

Are you a member or participant of any community organizations? Yes No

If yes, please list: OAK VIEW ESTATES HOME OWNERS ASSN, PAST PRESIDENT

MEMBER SENIOR CENTER, CUCUERA DRIVE.

SPACE COAST MUSTANG ASSN, PAST PRESIDENT

City of Palm Bay, Florida

Office of The

MAR 7 - 2023

City Clerk

RESIDENCY OF CANDIDATE AFFIDAVIT

I, ALAN H MILES, a candidate for the Office of City Council (check one);

- Mayor
- City Council Seat 2
- City Council Seat 3
- City Council Seat 4
- City Council Seat 5

do hereby solemnly swear or affirm:

- 1) I have been a resident of the City of Palm Bay for at least two (2) years immediately preceding the selection date (April 13, 2023).
 - 2) I am a registered voter of the City of Palm Bay, residing at a City address.
 - 3) Have you ever been convicted of a felony? Yes No
- If 'yes', have your civil rights been restored? Yes No

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS STATED IN IT ARE TRUE.

3-6-2023 ALAN H MILES
 Date Signature of Candidate

Address: 301 LISA RD NE

City: PALM BAY State: FL Zip Code: 32907



AUTHORIZATION TO OBTAIN FDLE BACKGROUND REPORT(S)

I hereby authorize the City of Palm Bay (the "City") to request and receive criminal history record information from the Florida Department of Law Enforcement (FDLE) or similar law enforcement/governmental agencies about me for purposes of City Council considering my application to be appointed to a current vacancy on the City Council, including but not limited to, for purposes of confirming my fitness for initial appointment to fill this vacancy, and any other use not prohibited by law. I acknowledge the criminal history report will be provided to City Council to aid in their decision making. I understand that I may withhold my permission and that in such a case, no investigation will be done, and the City Council will not consider my application to fill the vacant seat on City Council.

This Authorization is valid for current reports, and I specifically understand that the City intends for this Authorization to cover only my application for the current vacancy. I further understand that I am responsible for the costs associated with the criminal background check (\$24.00*).

HOWARD
ALAN H Miles

Printed Name (First, Middle, Last)

Alan Howard Miles *3-6-2023*

Signature

Date

*Payable by check, cash or money order