



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: *GEORGE BOZZETTI*
Home Address: *643 RANGWOOD DR SE*
City: *PALM BAY FLORIDA 32909*
Telephone Number: *321-223-0518* Zip Code:
Email Address: *GBOZZETTI01@GMAIL.COM* Fax Number: *N/A*

EMPLOYMENT

Employer: *RETIRED* Occupation:
Address:
City: State: Zip Code:
Telephone Number: Fax Number:
Email Address:
Job Responsibilities:

EDUCATION

High School Name: *DUMONT HIGH SCHOOL*
Location: *DUMONT N.J.* Years Completed: *4* Major/Degree: *COLLEGE PREP*
College Business or Trade School: *SUNY OSWEGO*
Location: *OSWEGO N.Y.* Years Completed: *4* Major/Degree: *B.S. BUSINESS ADM.*
Professional School: *N/A*
Location: *N/A* Years Completed: Major/Degree:
Other:
Location: *N/A* Years Completed: Major/Degree:

APPLICANT INFORMATION

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

Title: RESTAURANT

Issue Date: 3/2017 Issuing Authority: CITY OF MELBOURNE

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

Disciplinary Action: N/A Disciplinary Date: N/A

Are you a resident of the City? Yes No If yes, how long? 6 Years 0 Months

How long have you been a resident of Brevard County? 6 Years 0 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?

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

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

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

Yes No If yes, what 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:

Where: N/A

When:

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:

What are your hobbies / interests?

BASEBALL, FOOTBALL, WEATHER FORECASTING.

Why do you want to serve on City Council?

I AM CONCERNED ABOUT THE LACK OF A STRONG RETAIL AND EMPLOYMENT OPPORTUNITY BASE IN THIS CITY. PALM BAY IS A POPULAR CITY FOR RELOCATIONS, BUT FOR THIS TO CONTINUE WE NEED TO DEVELOP AND ATTRACT BUSINESS. MY CAREER HAS INCLUDED OVER 20 YEARS OF MANAGEMENT EXPERIENCE AS WELL AS A SMALL BUSINESS OWNER.

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:



Submit the application to:

City of Palm Bay
Office of the City Clerk
120 Malabar Road, SE
Palm Bay, Florida 32907

City of Palm Bay, Florida

RESIDENCY OF CANDIDATE AFFIDAVIT

I, GEORGE BOZZETTI, 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.

MARCH 20, 2023 George Bozzetti
Date Signature of Candidate

Address: 643 RANSELWOOD DR SE

City: PALM BAY State: FL Zip Code: 32909



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*).

GEORGE BOZZETTI

Printed Name (First, Middle, Last)

George Bozzetti 3/20/23

Signature

Date

*Payable by check, cash or money order



AUTHORIZATION TO OBTAIN THE BACKGROUND REPORT(S)

I, the undersigned, hereby authorize the release of the background report(s) for the following individual(s):

Name: _____
DOB: _____
SSN: _____
Address: _____
City: _____ State: _____ Zip: _____

This authorization is valid for a period of 90 days from the date of this document. It is not valid if the individual(s) listed above is/are not a resident of the State of Florida.

Signature of Authorizing Party: _____

Date: _____

Print Name of Authorizing Party: _____