City of Winston-Salem
Office of the Mayor - Allen Joines
Citizen Application for Advisory
Boards and Commissions

Name: Kelly J. Brown	Race: <u>W</u>
Gender: male female Birthdate: 91884 E-mail	Kelly. Brown Othe Cardinal hotel
Home Phone: 800003790 Daytime Phone: 336	0.955.1561 Fax: 336.724 5599
Home Address: 728 Granville De. W.S.	NC 27101
Do you live within the City Limits of Winston-Salem? (ci	
Do you live within the County of Forsyth? (circle one Ye	es No
Current Occupation/Title: General Manag	pa
Employer/Business Name: Kimpton Cardin	cl Hotel
Business Address and Zip: 51 F. Fourth St.	
Supervisor Name: PEN TIMESPENKA	Telephone: 40-271.3589
Education: High School [] College M Graduate School [] Other []
Degree/Subject of Study: B.S. Hospitality Ad	ministration
School Name/Years Attended: BUSTON UNIVEYS	
BOARD/COMMISSION APPLYING FOR (list one):	
Pusiness Improvement District AdV	1507 y Committee
List the Board or Commission you currently serve and yo	

Why are you interested in serving on the Board/Commission you are applying for?
Furthering involvement and continued improvement within Are you willing to serve on any other Board/Commission? Please list:
DWSP BOD
Are you interested in serving in any other community volunteer activities?
PLEASE SUBMIT ANY RESUME CONTINUED ON NEXT PAGE > Interest/Skills/Areas of Expertise/Professional Organizations
Hospitality / Lifestyle+Wyury Sector
List two personal references below.
Name: Jason Will Daytime Telephone? 354.1500
Address: 305 W. Fourth St. Putt 2E Relationship: Community Putner
Name: Rich Goige Daytime Telephone: 336.728.422
Address: 200 Praystown Ave Relationship: Hopitaling Partner
AFFIRMATION OF ELIGIBILITY Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?
Yes No If yes, explain complete disposition
Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee to a Board/Commission? Yes No If yes, explain

I understand this application is public record, and I certify that the facts contained in this application are

true and correct to the best of my knowledge. I authorize and consent to background checks and

investigation and verification of all statements contained herein. I further authorize all information

concerning my qualifications to be investigated and release all parties from all liability for any

that may result from this investigation. I understand and agree that any misstatement or conduct will be

cause for my removal from any board or commission.

Signature of Applicant

Date: 1-13-2020

RETURN COMPLETED FORM TO:

Mayor's Office, P.O. Box 2511, Winston-Salem, NC 27102 Telephone; 336-727-2058 Fax: 336-748-3241