



APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE

RECEIVED

SEP 18 2019

COUNTY OF LAKE
BOARD OF SUPERVISORS

TP
11:05 PM

Name of Applicant: MIKE MITZEL

Home Address: 19846 MOUNTAIN MEADOWS City: HVL ZIP: 95967

Mailing Address: 3530 GADSDY LANE City: Kelseyville ZIP: 95951

Occupation: VINEYARD OWNER / CANNABIS GROWER Email: KONNECTIDAG@GMAIL.COM

Home Phone: (707) 315-1764 Work Phone: () Supervisorial District 1

Name of Board/Committee/Commission(s) you are interested in serving on: HUMP COMMITTEE

Board/Committee/Commission category under which you are applying, if applicable: CANNABIS GROWER

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served): NONE

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:

I HAVE EXPERIENCE IN GROWING BOTH HEMP AND CANNABIS AND HAVE KNOWLEDGE IN THE COUNTY'S CANNABIS RULES

List community organizations to which you belong:

CHAMBER OF COMMERCE

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

NO

List any affiliation you or your spouse has with public service agencies:

NONE

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

(Signature)

(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors
255 N. Forbes St.
Lakeport, CA 95453
FAX (707) 263-2207

For Board Use Only:

APPOINTED YES___ NO___

APPOINTED ON: _____

TERM EXPIRES: _____