



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

Name of Applicant: DAVID C. WEISS

Home Address: 4150 SODA BAY ROAD City: KELSEVILLE, CA ZIP: 95451

Mailing Address: PO BOX 504 City: KELSEVILLE, CA ZIP: 95451

Occupation: FARMING, FARM MANAGEMENT Email: dweiss@bvfarming.com

CELL Home Phone: (707) 489-4563 Work Phone: (707) 219-4220 Supervisorial District: 4 (TINA SCOTT)

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

Board/Committee/Commission category under which you are applying, if applicable: GROWER OF WINEGRAPES AND PEARS

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served): SELECTION COMMITTEE FOR LC AG COMMISSIONER
(± 2005?)

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 AM SUBSTANTIALLY INVESTED IN, AND TOTALLY COMMITTED TO THE SUSTAINABILITY OF AGRICULTURE IN LAKE COUNTY, AND DESIRE TO CONTRIBUTE TO DEVELOPMENT AND IMPLEMENTATION OF EFFECTIVE POLICY CONCERNING THE AG INDUSTRY.

List community organizations to which you belong:
LAKE COUNTY WINEGRAPE COMMISSION, LAKE COUNTY WINERY ASSOCIATION, LAKE COUNTY FARM BUREAU, LAKE COUNTY FRUIT FLOST TRUST FUND, CALIF PEAR ADVISORY BOARD, CALIF PEAR GROWERS ASSOCIATION

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.) NONE

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.

David C. Weiss
(Signature)

14 JAN 2021
(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:	_____