

DOWNTOWN DEVELOPMENT AUTHORITY APPLICATION

APPLICATION CRITERIA:

CDA to exercise various powers to further downtown redevelopment and development, including: make/execute contracts, agreements or other for construction, leases of projects, contracts for sale of projects, agreements for loans to finance projects; acquire by purchase, lease, or other real and personal property; finance via loan, grant, lease, or other, demolish, erect, assemble, rehabilitate, improve, etc., projects and to pay the cost of said projects from proceeds of revenue bonds, notes, or other obligation or funds of the DDA; borrow money; issue revenue bonds; obtain other governmental grants, loans, or other arrangements; contract with other governments to use facilities or services for a period of up to 50 years; extend credit or make loans for project costs; receive and use tax proceeds for project costs; appoint, select, employ various professionals including engineers, architects, urban/city planners, etc.

The Authority shall be comprised of seven (7) Members as follows:

- A. Two (2) Members shall either be a taxpayer residing in the City of Clarkston or a taxpayer residing in DeKalb County who owns or operates a business located within the City' downtown development are.
- B. Two (2) members shall be taxpayers residing in DeKalb County who possess specific knowledge or professional expertise in the field of banking, finance, real estate development, community development or another area of expertise related to economic development.
- C. Three (3) members shall be members of the governing authority of Clarkston.

The Mayor will appoint 2 members and the City Council will appoint the other 2 members. Terms will be for Four (4) years.

APPLICATION SUBMISSION:

Mail or e-mail completed application to:

Downtown Development Authority Application City of Clarkston 1055 Rowland Street Clarkston, Georgia 30021

Email application to the City Clerk: tashby@cityofclarkston.com

Phone: 404-296-6489



DOWNTOWN DEVELOPMENT AUTHORITY APPLICATION

First Name:			Last Name:	
Home Address:				Years in Clarkston:
Phone Number:	Cell	Home	E-mail:	
Work (if applicable) Company:			Title:	
Work Phone Number:			E-mail:	
Business Name (If applying as Busines	s Owne	own Area):	Owner:	
Business Address			Issued License Number:	
Please explain why you are, interested include any pertinent professional and,				ment Authority. Be sure to
Are you willing and available to attend □ Yes □ No	training	sessions o	n-site and/or off-s	ite if provided by the City?

Please attach your resume with this applica	tion.
appointing authority may require an intervie will be required to uphold the City's charter reason permitted by law or City charter. I ag	ment to a Commission office for the City of Clarkston; that the ew prior to consideration for appointment; that if appointed, and ordinances; that I may be removed from office for any gree to comply at all times with all requirements of the office be appointed. All statements and information provided in this ledge.
Applicant's Signature:	Date: