

★ **Roll Call Number**

Agenda Item Number

.....
Date June 5, 2006

_____ 16

Regarding a recommendation from Council Member Archie Brooks to appoint Joe D. Shoemaker to a three-year term on the Licensing and Appeals Board, Seat 07, that began on April 1, 2006, and will expire on April 1, 2009.

Joe D. Shoemaker
131 East Seneca
Des Moines, IA 50313

(515) 201-9641

Moved by _____ to adopt.

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
BROOKS				
COLEMAN				
HENSLEY				
MAHAFFEY				
KIERNAN				
VLASSIS				
TOTAL				

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

MOTION CARRIED

APPROVED

_____ Mayor

_____ City Clerk



City of Des Moines
Application for Appointment to
Board, Commission or Committee



All-America City
 1949 1976 1981 2003

16

Name in Full: Joe DEAN SHOEMAKER Mr.
First Middle Last Mr. /Mrs. /Ms.

Address: 131 E SENECA DES MOINES 50313
Number Street Apt/Unit # City Zip

E-Mail Address: JSHOE@IBEWLM347.ORG Birth Date: 4/19/61 Council Ward Number: _____

Daytime Phone: 201 9641 Evening Phone: SAME Best time to call: ANYTIME Fax No. _____

Occupation: ELECTRICIAN (ASST. BUSINESS AGENT) How Long? COMBINED 14 YRS

Employer: LOCAL 347 (IBEW) How Long? 14 YRS

Business Address: 850 18TH ST. DES MOINES 50314
Number Street City Zip

How long have you been a resident of Des Moines? Number of Years 15 Registered Voter? Yes No

Have you ever been employed by the City of Des Moines? Yes No

List any relatives employed by the City: _____
Name/Department Relationship

Have you ever served as a member of any City or Non-City Board, Commission or Committee: Yes No (If yes, list below)

Board, Commission or Committee _____ Dates Served _____

Board, Commission or Committee _____ Dates Served _____

List other Agencies, Civic, Service and/or Professional Organizations to which you are affiliated:

You may indicate in the space below other life experiences or skills which will contribute to the mission of this Board, Commission or Committee:
OUT IN FIELD CONCERNED ABOUT SAFETY AND
CODES, ALSO DEAL WITH PEOPLE OUT IN THE
FIELD WITH MY NEW JOB @ LOCAL 347
AS ORGANIZER/ASST. BUSINESS AGENT.

(If more space is needed for any of the questions above, please attach additional sheets as needed.)