### **Application Form**

<b>Profile</b>
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NOTE: Each	Applicant is	advised to	attend	at least	one	meeting	prior to	applying	for
appointmen	nt.								

Submit Date: Jul 01, 2025

appointment.				
owner@groovesdelray.com				
Email Address				
Anthony		Barber		
First Name	Middle Initial	Last Name		
404 W Atlantic Ave			Suite or Apt	
			·	22444
Delray Beach  City			FL State	33444  Postal Code
Mobile: (561) 777-4934	A.I			
Primary Phone	Alternate Pho	one		
Grooves Delray	Owner			
Employer	Occupation		_	
Business Address				
404 w Atlantic Ave				
Business Phone				
5512655599				
Board Selection				
Which Boards would you l	ike to ap	ply for?		
Delray Beach Downtown Devel	opment Au	utnority: Eligible		
Qualifications				
<b>Quantitud</b>				
Please select all that appl	y: *			
Own a business or are an or	fficer, direc	ctor or manager of	a business in Del	ray Beach
Pay taxes on leased proper				
officer, or managing agent to a Knowledge, experience, back				
Are you a registered FL vo	oter?			

⊙ Yes ○ No

Are you a vendor or employed by a vendor that does business with the city?
o Yes ⊙ No
Are you a lobbyist or employed by a lobbyist, as defined in the Palm Beach County Registration Ordinance?
o Yes ⊙ No
Have you attended any Delray Beach Commission or Advisory Board Meetings?
⊙ Yes ⊃ No
If yes, please describe and provide dates if possible.
Are you currently serving, or have you ever served on a Delray Beach Advisory Board? If yes, please provide details and dates.
No I have not.
Are you aware of any potential conflict of interest (including, without limitation, any potential voting conflicts or potential prohibited conflicts) that may arise from your serving on the City board or committee to which you are seeking appointment?
o Yes ⊙ No
If yes, please explain:
Do you, any member of your immediate family, your employer or your business (or any entity in which you have a controlling interest) currently have any contractual relationship with, or do business with, the City, or has there been any such relationship within the past 5 years?
⊙ Yes ⊙ No
If yes, please explain:
Do you (or any entity in which you have a controlling interest) have any delinquent accounts with the City or owe any monies to the City?
○ Yes ⊙ No
If yes, please explain:
Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines relating to property in the city that is owned or rented by you (or any entity in which you have a controlling interest)?

If yes, please explain:
Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines for any other violations relating to other city codes?
○ Yes ⊙ No
If yes, please explain:
Have you ever been found to have violated, or had a complaint filed against you alleging a violation of, the Florida Code of Ethics for public officers and employees, Palm Beach County Code of Ethics (or any other ethics code)?
○ Yes ⊙ No
If yes, please explain:
Question applies to Delray Beach Downtown Development Authority  Do you own land in the downtown area?
○ Yes ⊙ No
Question applies to Delray Beach Downtown Development Authority  If you own land in the DDA District please provide the address.
If you lease property in the downtown area, do you pay taxes on the property as part of your lease agreement?
⊙ Yes ○ No
404_lease.pdf Please upload a copy of your lease

### **Interests & Experiences**

List any certifications or licenses which may further qualify you to serve on a board or committee.

• Certified Food Manager License (State of Florida) • Certified in Responsible Alcohol Service (SafeServe / TIPS) • Business Tax Receipt holder for Delray Beach • State of Florida LLC registration in good standing • Active occupational licenses for food service and beverage operations

# Briefly describe why you wish to serve as a member of a board or committee and how your personal experience and background relate:

I wish to serve on the DDA Board because I have a deep investment in the future of Delray Beach's downtown community as a local business owner and operator. My experience in developing and managing multiple hospitality concepts within the downtown district gives me firsthand insight into the challenges and opportunities that face small businesses. I am passionate about contributing ideas that support economic vitality, enhance the downtown visitor experience, and preserve the unique cultural character of our city. My operational experience, combined with a strong understanding of community needs, will help ensure the DDA continues to serve both residents and businesses effectively.

## List any other community/civic involvement which you would like the Commission to consider:

- Member of Omega Psi Phi Fraternity, Inc., a historic community-service based organization
- Sponsor of local community events supporting youth sports Participant in Delray Beach holiday and cultural festivals as a food vendor and sponsor Supporter of local church and faith-based initiatives Employer of local Delray Beach residents, contributing to local workforce development Active member of the downtown business community, participating in local networking and collaboration efforts

University attended:			
Florida Agricultural & Mechanica	al University		
Degree(s) received:			
B.S.			
Major area of study:			
Political Science			
Upload a Resume			

#### **Terms of Acceptance**

Applications are kept on file in the City Clerk's Office for a period of two years.

Applicants may supplement their application with a resume or other information relevant to their qualifications.

Declaration of Personal Information Exemption:

Personal information provided in this application is public information unless the applicant qualifies for an exemption pursuant to Florida Statutes. You are encouraged to thoroughly read the applicable sub-sections of F.S. 119.0 71 (Click here to view). If you qualify for an exemption, please indicate below which statutory provision you are citing for the exemption. If you qualify, your address and phone number are protected information. You may contact the Board Liaison at 243-7056 if you have any questions.

My address and telephone number are statutorily exempt from public disclosure:

○ Yes ○ No

If yes, pursuant to which sub-section of F.S. 119.071?

Please Agree with the Following Statement:

I understand the duties and responsibilities of the board(s) or committee(s) for which I am applying. By signing below, I warrant the truthfulness and accuracy of the information provided in this application.

□ I Agree

E-Signature of Applicant:

Anthony Barber

Please Agree with the Following Statement

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.