



A Tradition of Stewardship
A Commitment to Service

RECEIVED

DEC 03 2014

COUNTY OF NAPA
EXECUTIVE OFFICE

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4421
Fax: (707) 253-4176

Nancy Watt
County Executive Officer

November 25, 2014

Mario Bazan

[Redacted]
Napa CA 94558
[Redacted]

Re: Napa County Advisory Board on Alcohol and Drug Program

Dear Mr Bazan:

The term of your position on the Napa County Advisory Board on Alcohol and Drug Program expires on January 1, 2015.

If you wish to request reappointment, please check the boxes below, sign where indicated, and return this letter to the County Executive Office. When the letter has been returned, your name will be forwarded to the Board of Supervisors for consideration for reappointment to another three-year term as you have been a valued member of the Napa County Advisory Board on Alcohol and Drug Program.

If any of the information on your last application for appointment has changed or is 5 years or older please contact the Napa County Executive's Office to obtain a new application, and submit the completed new application when returning this letter.

Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Napa County Advisory Board on Alcohol and Drug Program for the term commencing immediately and expiring January 1, 2018.

I confirm by signing below that all the information on my application is current; or

Some of the information on my prior application is no longer correct. A new application is attached.

Mario P. Bazan
SIGNATURE

12/2/14
DATE

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A Tradition of Stewardship
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County Executive Office
1195 Third Street, Room 310 Napa, CA 94559-3082
(707) 253-4421 FAX (707) 253-4176
APPLICATION FOR APPOINTMENT TO
BOARD, COMMISSION, COMMITTEE OR TASK FORCE

RECEIVED

MAR 28 2014

eAFA

COUNTY OF NAPA
EXECUTIVE OFFICE

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

NOTE: Applications are public records that are subject to disclosure under the California Public Records Act. Information provided by the applicant is not regarded as confidential except for the addresses and phone numbers of references and the applicant's personal information including home and work addresses, phone numbers and email address.

*Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Advisory Board on Alcohol and Drug Programs

*Category of membership for which you are applying:

(This information can be found on the news release announcing the opening. You may apply for more than one category if more than one position is open.)

~~Interested Citizen~~ ← Business Community

*Supervisorial District in which you reside:

District 4

*Full Name:

Mario Bazan

*Date:

3/28/2014

*Current Occupation: (within the last twelve (12) months)

Self-employed (15 years): Managing Member of Bazan Vineyard Management LLC and Bazan Cellars LLC

*Current License: (Professional or Occupational, date of issue and/or expiration including status)

*Education/Experience: (A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.)

My formal education is limited to the sixth grade but in my personal experience I have educated myself on alcohol and drug related illnesses, prevention, and resources over the course of 25 years of sobriety.

*Community Participation: (Nature of activity and community location)

Board of Directors - Wolfe Center
Member - Napa Sonoma Mexican-American Vintners Association
Member - Napa Valley Vintners
Community Supporter - Napa County Hispanic Network

*Other County Board/Commission/Committee on which you serve/have served:

*Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Advisory Board on Alcohol and Drug Programs

Names, addresses and phone number of three (3) individuals familiar with your background:

*Name:

Tom Holstein

*Address:

[Redacted]

*City:

*State:

*Zip Code:

Napa

CA

94558

*Telephone:

[Redacted]

*Name:

Dan Lynch

*Address:

[Redacted]

*City:

*State:

*Zip Code:

Napa

CA

94558

*Telephone:

[Redacted]

*Name:

Dan Marks

*Address:

[Redacted]

*City:

*State:

*Zip Code:

Napa

CA

94558

*Telephone:

[Redacted]

Name and occupation of spouse within the last 12 months, if married (For Conflict of Interest purposes):

Gloria Bazan; Self-employed: Bazan Cellars LLC

*Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute:

I wish to contribute my unique perspective to and learn more about the real function and purpose of the advisory board. I have a wealth of experience as a business owner, community leader, an immigrant and having reached 25 years in recovery.

*Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Advisory Board on Alcohol and Drug Programs

APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

All applications will be kept on file for one year from the date of application.

PERSONAL INFORMATION

The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or be used by the Committee/Commission/Board/Task Force following appointment for purposes of communicating with the appointee.

*Full Name:

Mario Bazan

*email Address:

[Redacted]

*Home Address:

[Redacted]

*Work Address:

[Redacted]

*City:

Napa

*State:

CA

*Zip Code:

94558

*City:

Napa

*State:

CA

*Zip Code:

94558

*Telephone:

[Redacted]

*Telephone:

[Redacted]