

City of Asheville
BOARDS & COMMISSIONS
Application Form

Applicants are strongly urged to attend several meetings of a board prior to applying

Name of board or commission: Alcoholic Beverage Control

Your name: Dr. Clifford Feingold Home Phone #: 828 258-8390

Street address: 4 Stuart Circle City: Asheville Zip Code: 28804

Mailing address (if different): _____

Employer: Self

Your position: Dentist Office Phone #: 828 777-5127

Resident of City Asheville County Buncombe Race Caucasian * Gender Identity: (non-trans) man *

Are you a Homeowner or a Renter? * Homeowner Age: 73

Residence location (check one): Central _____ North ☒ South _____ East _____ West _____

Are you aware of any potential conflicts of interest that may arise during your service on this board (i.e., property interest, business interest, etc.)? If so, please explain: None
_____. Potential conflicts of interest do not preclude appointments.

Please indicate the area(s) of expertise that you can bring to the above board(s), and then in detail list education, experience, reasons for your interest, and other factors that support your interest in serving **Applicants are encouraged to provide a cover letter and/or a brief resume. Please use additional sheets if necessary.**

The Asheville School for Boys Cum Laude, 1967
Duke University, 1971
Emory School of Dentistry, 1976
President Alpha Omega Dental Fraternity, 1975-76
President Buncombe County Dental Society, 1990
NC State Board of Dental Examiners, 2005-18,
President NCSBDE 2015-16
Asheville School Board of Trustees 2010-12

Return to:

City Clerk's Office
PO Box 7148
Asheville, NC 28802-7148

Email: boards@ashevillenc.gov
Telephone: 259-5839
Fax #: 259-5499

Signature: 
Key: dF76721a8fe98f4d2aa1f402f0fc5878

Date: 8/30/2022

E-Mail: cfeingold@aol.com

Fax #: 8282588390

* This information is requested for the sole purpose of assuring that a cross section of the community is appointed.