



Business License Property Owner Affidavit & Authorized Representative

I/We, _____, affirm and declare that I am (we are) the owner(s) of the property described herein and which is the property location for the business subject to the application. I have reviewed the Business License Application, including all documents, data and other supplementary information made part of this application, and I (we) hereby grant permission for the applicant to use my property to conduct its business. I further affirm and declare that the information contained therein is honest and true to the best of my (our) knowledge and belief. I acknowledge that the owner of the property may be subject to penalty and other legal enforcement actions relating to the property resulting from the Business License holder's use of the property. I (we) authorize Town staff to visit the site as necessary for proper review of this application.

(If there are special conditions such as guard dogs, locked gates, restricted hours, etc., please give the name and phone number of the person(s) who can provide access to the site)

Property Owner/ Company Legal Name (Including Name of Authorized Signatory)

Property Owner Phone Number

Property Owner Email Address

Business License Property Address

Town, State & Zip Code

Property Owner Mailing Address

Town, State & Zip Code

Property Owners Signature _____ Date: _____
(Required)

Business Owner/Applicant as Business License Authorized Representative

Only applicable if owner is not the applicant

I/We further permit _____ to act as my/our representative in any manner regarding this application, to answer any questions and to represent me and my property through this application. I acknowledge that I am ultimately responsible for what occurs on my property and that both my representative and myself will be held liable for violations and compliance.

NOTE: All correspondence will be sent to the authorized representative. It will be the representative's responsibility to keep the owner(s) adequately informed as to the status of the application and license.

Authorized Representative Signature _____ Date _____
(Only if applicable)