



## Business License Property Owner Affidavit & Authorized Representative

I/We, \_\_\_\_\_, being first duly sworn, depose and state under penalties of perjury that I am (we are) the owner(s) of the property described herein and which is the subject of the application; that all answers provided to the questions in this application, data and all other supplementary matter attached hereto and made part of this application are honest and true to the best of my (our) knowledge and belief. I (we) understand that this application must be complete and accurate prior to a hearing being scheduled. 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 Legal First Name (printed)

\_\_\_\_\_  
Property Owner Legal Last Name (printed)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Business License Property Address

\_\_\_\_\_  
Town, State & Zip Code

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Town, State & Zip Code

### 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.

Property Owners Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Only if applicable)