DEPARTMENT OF DEVELOPMENT SERVICES
CITY PLANNING DIVISION

Tel. (239) 574-0776
Fax (239) 574-0591
P.O. Box 150027
Cape Coral, FL 33915-0027

AUTHORIZATION TO REPRESENT BUSINESS OWNER(S)

PLEASE BE ADVISED THAT_____
(Name of person giving presentation)

IS AUTHORIZED TO REPRESENT ME, MAKE DECISIONS, AND SIGN ANY DOCUMENTS ON MY BEHALF FOR MY BUSINESS.

BUSINESS NAME_____

BUSINESS ADDRESS_____

_____ _____
BUSINESS OWNER (Please Print) BUSINESS OWNER (Signature & title)

_____ _____
BUSINESS OWNER (Please Print) BUSINESS OWNER (Signature & title)

STATE OF _____

COUNTY OF_____

Sworn to (or affirmed) and subscribe before me, by means of ☐ physical presence or ☐ online notarization, on this _____ day of _____, 2020 by _____, know is personally known to me or produced _____ as identification.

Exp Date: _____ Commission Number: _____

NOTARY STAMP HERE

Signature of Notary Public: _____

Printed Name of Notary Public: _____

Note: Please list all business owners. If a corporation, please supply the City Planning Division with a copy of corporation papers.