

## Owner's Authorization

**Business location (Civic Address):** \_\_\_\_\_

**This is to certify that I/We, the owner(s)**

|                                |              |
|--------------------------------|--------------|
| Name of Owner(s): _____        |              |
| Company Name: _____            |              |
| Business License Number: _____ |              |
| Email: _____                   | phone: _____ |

**Hereby authorize**

|                             |              |
|-----------------------------|--------------|
| Name of Applicant(s): _____ |              |
| Company Name: _____         |              |
| Email: _____                | phone: _____ |

**To:**

1. apply for and obtain, as a sub contractor, a business licence to operate from the location of my business as noted above, from the City of Langford under the provisions of the Zoning Bylaw No. 300 and the Business Licence and Business Regulation Bylaw No. 216.
2. provide to the City of Langford, all information and documents required by the bylaw for such an application.

| Authorization |           |       |
|---------------|-----------|-------|
| Owner(s) Name | Signature | Date  |
| _____         | _____     | _____ |
| _____         | _____     | _____ |
| _____         | _____     | _____ |

*The personal information requested in this form is collected under section 26 (c) of the Freedom of Information and Protection of Privacy Act ("FOIPPA") and will be used to administer business licence applications within the City of Langford. The information provided on this form may also be shared in accordance with FOIPPA. Please contact the FOI Coordinator at 250-478-7882 if you have any questions about the collection, use or disclosure of this information.*