



City of
Santa Monica

Revenue Division
PO Box 2200
Santa Monica, CA 90407-2200

P: 310-458-8745 • F: 310-451-3283
E: business.license@santamonica.gov
W: santamonica.gov/businesslicense

BUSINESS LICENSE REPRESENTATIVE AUTHORIZATION

OFFICIAL USE ONLY

BL #:

Date Stamp

Complete this form to give the City authorization to discuss confidential information relating to your business license account to an agent other than the owner or an officer for your business.

BUSINESS INFORMATION

Legal Business Name/DBA:

Business License #:

Owner/Officer Name on file:

Title:

AUTHORIZED REPRESENTATIVE FIRM INFORMATION:

Legal Business Name/DBA:

Authorized Contact Person:

Address:

Number

Street

Unit/Suite #

City

State

Zip

Phone:

Email:

AUTHORIZATION DECLARATION

I, _____, authorize _____, to be and act as _____

(Owner or Authorizing Officer)

(Representative Full Name)

(Company or Firm Name)

representative when communicating with or otherwise contacting the City of Santa Monica Business License Office. I authorize and consent to allow the City of Santa Monica Business License Office to discuss my business license account with the above named representative. I understand and agree that this authorization is not a Power of Attorney and that my representative named above cannot bind myself or the City of Santa Monica Business License Office by agreement, stipulation, or understanding until a written stipulation is signed by my authorized officer/agent and the City of Santa Monica, if required. This authorization shall be considered terminated should I sign a later dated authorization for a different representative.

ACKNOWLEDGMENT AND CONFIRMATION

I declare under penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief it is a true and correct and complete statement made in good faith.

Print Name

Title

Signature

Date

SANTA MONICA BUSINESS LICENSE — REPRESENTATIVE AUTHORIZATION FORM