

NOTARIZED AUTHORIZATION OF OWNER

I/We _____ owner of _____
Property Owner(s) Name 14 Digit Parcel ID and/or Address

hereby authorize _____, to apply for a _____ alcoholic
Business Owner's Name Alcohol License Type

beverage license to serve alcoholic beverages on the property listed above in relationship to
the operation of _____.
Business Name

OWNER'S SIGNATURE

OWNER'S SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____, who is personally known to me or has
produced _____.

My Commission expires:

NOTARY PUBLIC – STATE OF FLORIDA

NAME OF NOTARY – TYPED OR PRINTED

COMMISSION # _____