

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Certificate of Occupancy Authorization Form

Authorization form to Act on Behalf of the Owner

To the Director, Department of Consumer and Regulatory Affairs:

This is to certify that I, _____
(Print Name of solo owner, general partner, or corporation officer)

am the true Owner of the Business described below:

Proposed address of business you intend to occupy:

Type of business you intend to operate:

***I FURTHER CERTIFY THAT THE PERSON(S) NAMED
BELOW IS/ARE AUTHORIZED TO ACT ON MY BEHALF IN
EXECUTING AND PROCESSING AN APPLICATION FOR
DISTRICT OF COLUMBIA CERTIFICATE OF OCCUPANCY
RELATING TO THE AFOREMENTIONED BUSINESS
ESTABLISHMENT.***

Name of Person/s to act on behalf of owner:

Address/es of Person/s to act on behalf of owner:

(Signature of Business Owner)

(Date)

Sworn to before me this _____ day of _____, 19_____

My Commission Expires: _____