



Business Licensing
 1435 Water Street
 Kelowna, BC V1Y 1J4
 250-469-8617
 kelowna.ca/business

Owner's Authorization Form

OWNER INFORMATION

Registered Owner Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-mail Address: _____

Business/Trade Name: _____

Please be advised that I/we, the registered owner(s) of the above business, authorize the following agent to apply for all applications related to the above mentioned business on my/our behalf:

Agent Name:		Agent Company:	
Mailing Address:			
City:		Prov:	Postal Code:
Telephone:		Cell:	
Email Address:			

I/We agree to immediately notify the City of Kelowna, in writing, of any changes regarding this information.

Owner's Name(s) (printed): _____

Owner's Signature(s): _____

Date: _____