



**HOME BUSINESS**  
**Owner Authorization Form**  
P 780.672.4428 | F 780.672.6316  
www.camrose.ca

I/WE, \_\_\_\_\_

are the legal owners or authorized property manager of \_\_\_\_\_  
(address)

with the legal land description of \_\_\_\_\_

I/WE hereby authorize \_\_\_\_\_ (applicant and business name) to  
operate a home business out of the above property.

MY/OUR mailing address and telephone number are indicated below:

Address: \_\_\_\_\_  
\_\_\_\_\_

City/Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Roll	Plan	Block	Lot	Zoning

The information on this form is collected solely for the purpose of administering the City of Camrose's Business License Program. Where applicable the information shall be administered in accordance with the Freedom of Information and Protection of Privacy Act (FOIP)