



City of Venice
Building & Code Enforcement Department
401 W. Venice Ave., Venice, FL 34285
(941)486-2626 (Fax 941-486-2448)

AUTHORIZED AGENT FORM

Date: _____ City Registration Number _____

I, _____ OF _____,
 (Print Name of License Holder) (Print Business Name as it appears on State License/Registration)

DO HEREBY AUTHORIZE THE FOLLOWING PERSON(S) TO ACT AS MY AGENT(S) IN THE CITY OF VENICE

- (1) _____, (2) _____,
 (3) _____, (4) _____

****INITIAL below** ALL ACTIVITIES YOUR AGENT(S) ARE AUTHORIZED TO PERFORM:**

- (Initial) ** _____ ** SUBMIT & PICK UP PERMITS
 (Initial) ** _____ ** SIGN APPLICATIONS FOR THE QUALIFIER

I UNDERSTAND THAT I AM THE LICENSED QUALIFIER RESPONSIBLE FOR THE APPLICATION AS SUBMITTED BY MY AGENT(S), AS REFERENCED ABOVE. I FURTHER ACKNOWLEDGE THAT THIS ORIGINAL AUTHORIZATION FORM IS IN MY CITY REGISTRATION FILE FOR LEGAL REFERENCE PURPOSES.

 Contractors Signature License Number
 Phone Number: _____ Fax Number: _____

NOTICE: THE LICENSED CONTRACTOR'S SIGNATURE IS TO BE NOTARIZED

State of _____
 County of _____

The foregoing instrument was acknowledged before me this _____ day of _____,
 201____, by _____, who is personally known to me () or
 has provided the following identification _____

Notary's Signature _____
 Notary's Printed Name _____
 Commission Expires _____