



Granting Authority to Act Affirmation

_____ affirms the truth of the following:
(Applicant Name)

1. I am the _____ of _____
(State relationship to business) (Name of business as it appears on your Business or Partnership Certificate, or Certificate of Incorporation or Filing Receipt. If you are applying for an Individual-based license, please enter "N/A".)

which is located at _____ and whose
(Street Address, Borough, State, and Zip Code)
telephone number and email address are _____ and _____.
(Area code & Number) (Email Address)

2. I hereby authorize _____ of _____
(Full name of designated representative) (Full name of representative's business)

who maintains an office/resides at _____
(Street Address, Borough, State, and Zip Code)
and whose telephone number and email address are _____ and
(Area code & Number)

_____ to represent me before the license, permit, or certificate
(Email Address)

issuing Agency in regard to the preparation and submission of an application for the following license(s), permit(s) or certificate(s):

3. I understand that I will be legally bound by the representations made in said applications and will be held responsible by the license, permit, or certificate issuing Agency for any inaccuracies or misrepresentations.

4. I understand that this affirmation will expire 180 days from the date I sign and date this form.

5. I understand that I may revoke (withdraw) the Granting Authority to Act by calling 311 and asking for assistance revoking a Granting Authority to Act. A 311 call taker will advise me on how to notify the relevant issuing Agencies about revocation, and I will be responsible for notifying the relevant issuing Agencies of each application to which the revocation applies. Revocations may only be made prior to issuance of the applicable license, permit or certificate.

Signature

Print Name

Date