City of Los Banos
At the Crossroads of California

Community & Economic Development Department
520 J St.
Los Banos, CA 93635
Phone: (209) 827-7000
www.losbanos.org

PROPERTY OWNER AUTHORIZATION FORM

Business Address: _____

Business Name: _____

Type of Business: _____

Applicant Name: _____

Legal Property Owner Information:

Property Owner Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____Email: _____

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PROPERTY OWNER AUTHORIZATION & ACKNOWLEDGMENT

I certify that I am the legal owner of record of the above-referenced property.

I authorize the applicant and/or business identified above to operate at this location and to submit a Business License application to the City of Los Banos.

I understand that issuance of a Business License does not waive zoning requirements, building permit requirements, or other applicable municipal regulations.

Both the property owner and business operator are responsible for compliance with all applicable City, State, and Federal regulations.

Property Owner Name (Printed): _____

Property Address: _____

Signature: _____Date: _____

FOR OFFICE USE ONLY

Verified by Staff: _____Date: _____