

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS**

*Certificate of Occupancy Authorization Form*

**Authorization Form to Act on Behalf of the Owner**

To the Director, Department of Consumer and Regulatory Affairs:

This is to certify that I, \_\_\_\_\_  
(Print Name of sole owner, general partner, or corporation officer)

am the true Owner of the Business described below:

(Proposed address of business you intend to occupy):

\_\_\_\_\_

(Type of business you intend to operate):

\_\_\_\_\_

***I FURTHER CERTIFY THAT THE PERSON(S) NAMED  
BELOW IS/ARE AUTHORIZED TO ACT ON MY BEHALF IN  
EXECUTING AND PROCESSING AN APPLICATION FOR  
DISTRICT OF COLUMBIA CERTIFICATE OF OCCUPANCY  
RELATING TO THE AFOREMENTIONED BUSINESS  
ESTABLISHMENT.***

Name of Person/s to act on behalf of owner:

\_\_\_\_\_

Address/es of Person/s to act on behalf of owner:

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Business Owner)

\_\_\_\_\_  
(Date)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_