



Licensing Office
55 N. Center St.
PO Box 1466
Mesa, AZ 85211-1466
Tel. 480-644-2316
Fax 480-644-3999

**LICENSING
GENERAL DISCLOSURE/REPRESENTATION AUTHORIZATION FORM**

1. Licensee Information:

Licensee Name _____ Mesa License Number: _____
Address _____
City _____ State _____ ZIP _____

2. Authorized Representative(s):

Name and address: _____ Phone _____

FAX _____
Name and address: _____ Phone _____

FAX _____

3. The representative(s) are authorized to receive confidential licensing information for the licensing matters listed below:

LICENSE TYPE	LICENSE YEAR(S)	LICENSE TYPE OF BUSINESS ENTITY
☐ General License Type and Business Name		☐ Individual/Sole Proprietorship
☐		☐ Corporation ☐ Partnership
☐		☐ LLC ☐ Trust
_____		☐ Other _____

4. ☐ POWER OF ATTORNEY

By checking the box on line 4, the taxpayer/licensee grants the above-named representative(s) a Power of Attorney to perform any and all acts that the licensee can perform with regard to the above-mentioned license matters and year(s). This Power of Attorney includes, but is not limited to, the releasing of license information as well as the signing of any agreements, consents or other documents with the City of Mesa. The use of this Power of Attorney must be in accordance with Arizona Supreme Court Rule 31. Specify any limitation to the Power of Attorney:

5. Signature of or for Licensee:

I hereby certify that the City of Mesa is authorized to release any and all information concerning the above mentioned licensee. By signing this form, I certify that I have the authority, within the meaning of A.R.S. 42-2003(A) to execute this authorization form on behalf of the above-mentioned, business entity, trust, estate, and/or individual(s). I understand that to knowingly prepare or present a document which is fraudulent or false is a Class 5 felony pursuant to A.R.S. 42-1127(B)(2).

Signature Title

Print Name Date

Subscribed and sworn to me this _____ day of _____ 20____.

Notary Public