



TOWN OF SNEADS
 2028 Third Avenue
 PO Drawer 159
 Sneads, Florida 32460
 PH (850)593-6636 Fax (850)593-5079
www.sneadsfl.com
 Facebook: Town of Sneads – City Hall

Local Business Tax Receipt Department
 (Formally known as Occupational License)

Letter of Authorization for Business & Utility Services

Date _____

(Please Print)

Property Owner _____

Renters Name _____

Business Name and/or Type of Business _____

This letter serves as notice that on this date I hereby give authorization to the above named to obtain a Business License Receipt and/or to have Utility Services from the Town of Sneads for the property owned by me or for which I have legal authority over.

Owner Signature _____ Date _____

Employee Signature _____ Date _____

If not signed at City Hall, this form must be notarized

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___online

notarization, this _____ day of _____ 20____, by _____,

who is personally known to me or who has produced proper identification.

_____ Personally Known OR _____ Identification Produced: _____

 Notary Signature

 Notary Name

Notary Stamp Below: