



5 St. Anne Street  
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**CITY OF ST. ALBERT  
HOME OWNER'S AUTHORIZATION**

PLEASE PRINT

Date (mm/dd/yyyy): \_\_\_\_\_

Business Name: \_\_\_\_\_

I, \_\_\_\_\_  
(owner's name)

being the registered owner of \_\_\_\_\_  
(address)

do hereby allow \_\_\_\_\_  
(business licence applicant name)

to operate a home business at this property.

\_\_\_\_\_  
(owner's name)

\_\_\_\_\_  
(owner's signature)

\_\_\_\_\_  
(date – mm/dd/yyyy)