

City of Leeds

DESIGNATION OF AUTHORIZED AGENT/ATTORNEY-IN-FACT - CONTRACTOR

The undersigned business license applicant described in the application hereby designate _____ as the authorized agent/attorney-in-fact with the following powers and authority to do those things that may be required in order to apply for a business license on behalf of said card holder including but not limited to completion and execution of applications, receipt of notices, execution of acknowledgments, receive communication regarding said permits, etc..

APPLICANT NAME

COMPANY NAME

ADDRESS

TELEPHONE NUMBER/ E-MAIL ADDRESS

AUTHORIZED AGENT/ATTORNEY-IN-FACT:

NAME

ADDRESS

TELEPHONE NUMBER/ E-MAIL ADDRESS

State of Alabama

I, the undersigned Notary Public, hereby certify that _____,
_____, _____, whose name(s) is/are
signed to the foregoing DESIGNATION OF AUTHORIZED AGENT/ATTORNEY-IN-FACT has/have
acknowledged to me under oath that they have read and understand the foregoing and executed same before
me on this day.

Given under my hand and Official Seal this _____ day of _____, 20_____.

Commission Expires: _____