



CITY OF LAKE WALES  
201 W CENTRAL AVE  
LAKE WALES, FL 33853

P: 863-676-5112 Ext. 251  
WWW.LAKEWALESFL.GOV

***Property Owner Authorization Form***

I, \_\_\_\_\_ PROPERTY OWNER OF

ADDRESS: \_\_\_\_\_

GIVE PERMISSION FOR TENANT (NAME): \_\_\_\_\_

TO REGISTER AS A MOBILE FOOD VENDOR FOR THE ABOVE ADDRESS:

PROPERTY OWNER MAILING ADDRESS:

PROPERTY OWNER PHONE NUMBER:

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Print Owner's Name**

**STATE OF FLORIDA, COUNTY OF \_\_\_\_\_**

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_ who did not take an oath.

\_\_\_\_\_  
Signature of Notary

Personally known \_\_\_\_\_ or produced Identification

Type of ID produced \_\_\_\_\_