

**PUTNAM COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

**AFFIDAVIT – CORPORATE OWNER APPLICATION
FOR PERMIT APPLICATION SUBMITTED TO
PUTNAM COUNTY DEPARTMENT OF HEALTH**

To: Commissioner of Health

In the matter of application for: _____

I, _____

Represent that I am an officer or employee of the corporation and am authorized to act for :

Name of Corporation: _____

Having offices at: _____

Whose Officers Are:

President – Name: _____

Address: _____

Vice President – Name: _____

Address: _____

Secretary – Name: _____

Address: _____

Treasurer – Name: _____

Address: _____

And that I am and will be individually responsible for any and all acts of the corporation with respect to the approval requested and all subsequent acts relating thereto.

Signed: _____

Title: _____

Sworn to before me this ____ day of
_____(Month) _____(Year)

Notary Public

Corporate Seal

