

UNION COUNTY ALCOHOL LICENSING
65 Courthouse Street
Blairsville, GA 30512
Phone (706) 439-6000 ~ Fax (706) 439-6004

REGISTERED AGENT CONSENT FORM

Business Name: _____

Location Address: _____

City _____ State _____ Zip Code _____

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the ordinance regulating the sale of alcoholic beverages in the unincorporated areas of Union County, Georgia.

The address for service upon me, as Registered Agent, is as follows:

Location Address: _____

City _____ State _____ Zip Code _____

Address for service: _____

City _____ State _____ Zip Code _____

I understand the basic purpose is to have and continuously maintain in the County a Registered Agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served.

This the ____ day of _____, 20__.

Signed, sealed and delivered
In the presence of:

Signature of Agent

Notary Public

Print/Type Name of Agent

My Commission Expires:

Print/Type Agent's Home Address

(Seal)

Print/Type City, County, State & Zip Code

APPROVED:

Owner/Officer/Director of Business

Title

Date _____