

**UNION COUNTY ALCOHOL LICENSING**  
**65 Courthouse Street, Box 1**  
**Blairsville, GA 30512**  
**Phone (706) 439-6000 ~ Fax (706) 439-6004**

**REGISTERED AGENT CONSENT FORM**

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

Business 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:

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 Registered Agent

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name of Registered Agent

(Seal)

\_\_\_\_\_  
Registered Agent's Home Address

\_\_\_\_\_  
City, County, State & Zip Code

Business Owner Approval:

\_\_\_\_\_  
Owner/Officer/Director of Business

Date \_\_\_\_\_