

CITY OF BLAIRSVILLE ALCOHOL LICENSING
Post Office Box 307
Blairsville, GA 30514
Phone (706) 745-2000 ~ Fax (706) 745-7326

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 City of Blairsville, Georgia.

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

Mailing Address: _____

City _____ State _____ Zip Code _____

Physical Address for Service: _____

City _____ State _____ Zip Code _____

I understand the basic purpose is to have and continuously maintain, in the City of Blairsville or the County of Union, 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 _____ day of _____, 20__.

Signed, sealed and delivered
In the presence of:

Print/Type Name of Registered Agent

Notary Public
My Commission Expires:
(Seal)

Signature of Agent

APPROVED:

Owner/Officer/Director of Business

Title

Date _____