

CITY OF SOUTH FULTON APPLICATION FOR ALCOHOL BEVERAGE LICENSE



REGISTERED AGENT DESIGNEE FORM

Registered agent means that individual, who is a resident of one of the 13 metropolitan counties (Cherokee, Clayton, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Paulding, and Rockdale) of Georgia and at least 21 years of age, who is designated by a Licensee/owner to receive any process, notice, or demand required or permitted by law or under this title to be served upon a licensee or owner.

The registered agent, who is designated by a licensee, must submit to a fingerprint criminal background check and complete the personal statement form. The registered agent must obtain the certificate of residency enclosed.

Name: _____
(Full Printed Name No Initials)

Sex: _____ Race: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone# _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone# _____

I hereby certify that I agree to serve as the "registered agent" on behalf of

_____, a business located at _____, City of South Fulton, Georgia.
As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Code of the City of South Fulton, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

SWORN TO AND SUBSCRIBED

BEFORE ME THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC PRINTED NAME