

# Lumpkin County, Georgia Alcoholic Beverage License

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

**Applicant:** \_\_\_\_\_

**Registered Agent:** \_\_\_\_\_

*Registered Agent: All licensed establishments must have and continuously maintain a registered agent who is a Lumpkin County resident for purposes of any process, notice or demand required. This agent **may** also be the business owner, manager, partner or other party with an interest in the establishment. The registered agent's name, along with the written consent of such agent, must be filed with the Board of Commissioners. The registered agent's written consent must be attached to this application when submitted.*

Registered Agent: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Note: Fill in all information accurately and completely. If this is a renewal you must fill in all the correct information for the renewal year. Be sure to keep a copy of each year's application in your business records. Renewal applications will not be accepted unless all ratio reports have been completed and submitted.**

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## REGISTERED AGENT CONSENT FORM

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

**Business Location:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

I, \_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owner, officers and/or director and to perform all obligations of such agency under the provisions of the ordinances of Lumpkin County. Every establishment holding an alcoholic beverage license in the county must have a registered agent. The licensee *may* also be the registered agent but to serve as both licensee and agent the licensee *must* be a Lumpkin County resident. Every registered agent *must* be a resident of Lumpkin County.

This \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Type or Print Name of Registered Agent

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

\_\_\_\_\_  
City, State, Zip

Subscribed and Swore Before Me on The

\_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_.

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

Commission Expires: \_\_\_\_\_

Signature of Licensee: \_\_\_\_\_