

## **Registered Agent Form**

	NAME	NAME		NAME
	Last:	First:		Middle:
t tion	Date of Birth: / /		Social Security N	Number:
√gen rma	Home Address:		City/State/Zip:	
A Info	Are you a U.S. Citizen?	Home Telephone	Number:	Business Telephone Number:
		BIRTHPLACE City:		BIRTHPLACE State:
Business	Business Name:			
Busi	Street Address:		City/State/Zip	

City of Dunwoody Code Chapter 4, Article 2, Section 33(i) requires every business applying for or holding an alcoholic beverage license to have and continuously maintain a registered agent for service of process of any notice permitted by law under the alcoholic beverage ordinance. **The registered agent must live in DeKalb County.** The owner can be their own registered agent if they live in DeKalb County.

I, \_\_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors of the above business and to perform all obligations of such agency under the provisions of City of Dunwoody Code Chapter 4, Article 2, and Section 33(i). I also consent to the required criminal background investigation in order to serve as a registered agent.

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

The owner(s) or an officer of the corporation must authorize the person shown above to be their agent. **It is the owner's responsibility to maintain a registered agent who lives in DeKalb County.** Please attach a cashier's check or money order for \$50.00 payable to City of Dunwoody to cover the background investigation. Failure to maintain a registered agent shall be grounds for suspension or revocation of your alcoholic beverage license.

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Licensee Name		
Licensee's Signature	Date	
Owner's Name		Two Pictures taken within the last year
Owner's Signature	Date	are required. Attach one picture of the agent here on each form.
Officer's Name	Title	
Officer's Signature	Date	