

REGISTERED AGENT INFORMATION FORM

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors of and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Peachtree Corners, Georgia. I understand the basic purpose is to have and continuously maintain 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 upon the licensee or owner may be served. I understand that the Registered Agent must be a citizen of the United States and a resident of Gwinnett County. I further certify that I will notify the City of Peachtree Corners Office of the city Manager of any changes effecting my status and/or position with this company.

Business Name

Signature of Agent

Type or Print Name of Agent

Type or Print Agent's Home Address

Type or Print City, State, and Zip Code

Type or Print Area Code and Telephone Number

Type or Print Date Moved into the Above Address

Type or Print Driver's License Number

Type or Print Date of Birth

Subscribed and sworn to before me

This _____ **day of** _____, **20**___.

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires: _____