

**DAWSON COUNTY PLANNING AND DEVELOPMENT**

**Alcohol Licensing  
25 Justice Way, Suite 2322  
Dawsonville, GA 30534  
(706) 344-3500 x 42335**

**\* REGISTERED AGENT CONSENT FORM**

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

\_\_\_\_\_  
**Business Address**

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 Alcoholic Beverage Ordinance of Dawson County. 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.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

\_\_\_\_\_  
Print Name of Agent

\_\_\_\_\_  
Print Agent's Street Address

\_\_\_\_\_  
Print Agent's City - **County** - State - Zip Code

\_\_\_\_\_  
Agent's Phone Number

**APPROVED:**

\_\_\_\_\_  
Sole Owner / Partner

\_\_\_\_\_  
Officer or Director

\_\_\_\_\_  
Title

\*Note: Naming a Registered Agent is optional under the Consolidated Alcohol Ordinance of Dawson County.