

**WHITE COUNTY BOARD OF COMMISSIONERS**  
**59 South Main Street, Suite A**  
**Cleveland, Georgia 30528**  
**Phone (706) 865-2235 – Fax (706) 865-1324**

**REGISTERED AGENT CONSENT FORM**

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

Location Address \_\_\_\_\_

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

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 ordinance regulating the sale of alcoholic beverages in the unincorporated areas of White County, Georgia.

The address for service upon me, as Registered Agent, is as follows:

Location Address: \_\_\_\_\_

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

Mailing Address for service: \_\_\_\_\_

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

I understand the basic purpose is to have and continuously maintain in the County 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 the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed, sealed and delivered  
in the presence of:

\_\_\_\_\_

Notary Public

My Commission Expires:

(Seal)

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

\_\_\_\_\_  
Print/Type Name of Agent

\_\_\_\_\_  
Print/Type Agent's Home Address

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Print/Type City, County, State and Zip Code

APPROVED:

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Owner/Officer/Director  
of Business

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Title

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Date