



City of Dawsonville
 P.O. Box 6, 415 Highway 53 East Suite 100
 Dawsonville, Georgia 30534
 Phone: (706)265-3256
 Email: clerk@dawsonville-ga.gov
 Website: www.dawsonville-ga.gov

**Residential Agent
 Consent Form**

Business Name

Location Address

I, _____, do hereby consent to serve as the Residential Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Alcohol Ordinance of the City of Dawsonville. I understand the basic purpose is to have and continuously maintain in the City of Dawsonville or Dawson County a Residential 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. **I understand that the Residential Agent must be a resident of the City of Dawsonville or Dawson County.**

This _____ day of _____, 20 _____.

 Signature of Representative

 Print Name of Representative

 Print Representative's Street Address

 Print Representative's City - County - State - Zip Code

 Representative's Home Telephone Number

 Representative's Work/Cell Telephone Number

Sworn to and subscribed before me
 this _____ day of _____ 20__.

 Notary Public, State of Georgia

(SEAL)

My Commission Expires: _____