



**REGISTERED AGENT FORM**

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
BUSINESS LOCATION

\_\_\_\_\_  
CITY/STATE/ZIP

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 provisions of Ordinance #308 of the City of Chamblee. (Every establishment holding an alcoholic beverage license in the City must have a registered agent and this person must be a resident of DeKalb County).

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

**REGISTERED AGENT INFORMATION:**

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

\_\_\_\_\_  
Agent Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Type or print name of Agent

\_\_\_\_\_  
Agent E-Mail

\_\_\_\_\_  
Agent's Home Address

\_\_\_\_\_  
Agent's City, State, Zip Code

**PRIMARY APPLICANT:**

\_\_\_\_\_  
Signature of Primary Applicant

\_\_\_\_\_  
Type or print name of Primary Applicant