



Town of Talking Rock  
4675 HWY 136 W  
Talking Rock, GA 30175  
706-253-5515

## Registered Agent Consent

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 Town of Talking Rock, Georgia.

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

Mailing Address: \_\_\_\_\_

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

Physical Address for Service: \_\_\_\_\_

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

I understand the basic purpose is to have and continuously maintain, in the Town of Talking Rock or the County of Pickens, 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\_\_\_\_.

Signed, sealed and delivered  
In the presence of:

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

\_\_\_\_\_  
Notary Public  
My Commission Expires:  
(Seal)

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

APPROVED:

\_\_\_\_\_  
Owner/Officer/Director of Business

\_\_\_\_\_  
Title

Date \_\_\_\_\_