CITY OF MONROE

REGISTERED AGENT INFORMATION FORM

I, _____, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors of and to perform all obligations of such agency under the Alcoholic Beverage Ordinance of the City of Monroe, Georgia. 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 upon the licensee or owner. I understand that the Registered Agent must be a citizen of the United States of at least 21 years of age and a resident of the City of Monroe. I further certify that I will notify the City of Monroe of any changes affecting my status and/or position with this company.

Name of Business/Company_____

Signature of Agent _____

Type or Print Name of Agent _____

Type of Print Agent's Home Address _____

Type or Print City, State, and Zip Code _____

Type or Print Area Code and Telephone Number _____

Type or Print Date Moved into the Above Address _____

Type or Print Driver's License Number _____

Type or Print Date of Birth _____

Subscribed and sworn to me

This _____day of _____, 20_____.

_____ _____

(Clerk/Notary Public) (Signature of Named Individual)

My Commission expires: _____