

**DEPARTMENT OF PLANNING & SUSTAINABILITY**

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**AUTHORIZED AGENT FORM**

**Name of Licensed Person:** \_\_\_\_\_  
(Please attach a copy of Individual/Company License (reflects Company and Qualifying Agent's License #))

**Name of Licensed Company (if applicable):** \_\_\_\_\_

**License Number:** \_\_\_\_\_

I, \_\_\_\_\_ hereby designate

\_\_\_\_\_ **to apply for, and obtain the**

**Business and/or Alcohol License(s) for the business located at:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apartment or Suite Number

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

**I, the undersigned, being the Qualifying Agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.**

**Signature of Individual/Qualifying Agent:** \_\_\_\_\_

**State of Georgia, County of DeKalb**

**Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_**

**Signature of Notary Public \_\_\_\_\_ (Seal)**