



BUSINESS LICENSE DIVISION
4228 1st Avenue
Tucker, GA 30084
Phone: 678-597-9040 Fax: 470-719-8229
Email: Licenses@tuckerga.gov

AUTHORIZED AGENT FORM

Name of License Person _____
Please attach a copy of Individual License or Company License (Reflect Company and qualifying agent license number)

Name of Licensed Company (if applicable) _____

License number _____

I, _____, hereby designate
(Licensed Individual or Qualifying Agent)

_____ to apply for and obtain
(Please attach a copy of the authorized agent's driver's license)
the business or alcohol license(s) for the business located at:

Street Address (including apartment or suite number)

City 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 is true and correct.

Signature of individual or qualifying agent _____

State of Georgia, County of DeKalb

Subscribed and sworn to before me this _____ day of _____ 20 _____

Signature of Notary Public _____ Seal

Commissioner Expiration Date _____