



**City of  
Tucker**

**BUSINESS LICENSE DIVISION**  
1975 Lakeside Parkway, Suite 350  
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 \_\_\_\_\_