

# HALL COUNTY ALCOHOLIC BEVERAGE

## REGISTERED AGENT TRANSFER

### APPLICATION CHECKLIST

The following items should be submitted for application:

(1) APPLICATION COMPLETED, SIGNED, AND NOTARIZED.(Pages 1 thru 4)

(2) PAYMENT MADE (Check, or Cash)

\_\_\_\_\_ Transfer Fee for Malt Beverage & Wine                      \$ 50.00  
(After 5 Days \$100.00)

\_\_\_\_\_ Transfer Fee for Distilled Spirits                      \$ 50.00  
(After 5 Days \$100.00)

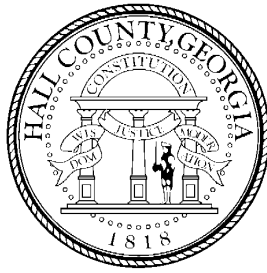
\_\_\_\_\_ Other: \_\_\_\_\_

(5) ATTACH

Verification of home address for Registered Agent (At least two of the following showing Name and current address--drivers license (or photo ID from Driver's Services), military I.D, voter registration, utility bills with individual's name and service address.)

**ALL ABOVE ITEMS MUST ACCOMPANY ORIGINAL APPLICATION BEFORE IT CAN BE ACCEPTED!!! WE MUST HVE THE ORIGINAL APPLICATION - COPIES OF APPLICATION FORM WILL NOT BE ACCEPTED! REGISTERED AGENT MUST BE PRESENT WHEN APPLICATION IS SUBMITTED. AFTER OBTAINING YOUR HALL COUNTY ALCOHOL LICENSE YOU WILL NEED TO TRANSFER YOUR STATE & FEDERAL LICENSES AS WELL.**

**KEEP THIS PAGE FOR YOUR INFORMATION**



HALL COUNTY

REGISTERED AGENT TRANSFER APPLICATION

License Type - Malt Beverage Wine Distilled Spirits License No \_\_\_\_\_
Current Yr \_\_\_\_\_ License Yr \_\_\_\_\_ State License No \_\_\_\_\_

INSTRUCTIONS: Every question shall be fully answered (typewritten or printed in BLUE ink). If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, ORIGINAL application must be dated, signed and verified under oath by the applicant(s) and filed with the Business License Department; together with all supporting papers and certified check, cashier's check, or cash for the exact fee. Copies NOT accepted. Incomplete applications will NOT be accepted.

(1) BUSINESS NAME: \_\_\_\_\_
Location \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_
Mailing Address \_\_\_\_\_ FEI # \_\_\_\_\_
(If different from business location)
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(2) LICENSEHOLDER
(Managing Agent) License Holder Name (Full name - No initials) Job Title
Address \_\_\_\_\_ Phone \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SS# \_\_\_\_\_
Sex \_\_\_\_\_ DOB \_\_\_\_\_ Citizenship \_\_\_\_\_ Alien # \_\_\_\_\_ Exp \_\_\_\_\_
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Cell # \_\_\_\_\_
E-mail address \_\_\_\_\_

(3) BUSINESS OWNER:
CORPORATE NAME or Owner Name (No initials)
Address \_\_\_\_\_ Phone \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SS# \_\_\_\_\_
Sex \_\_\_\_\_ DOB \_\_\_\_\_ Citizenship \_\_\_\_\_ Alien # \_\_\_\_\_ Exp \_\_\_\_\_
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Cell # \_\_\_\_\_
E-mail address \_\_\_\_\_

(4) REGISTERED AGENT
(Full name - No initials)
Address \_\_\_\_\_ Co \_\_\_\_\_ Phone \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell # \_\_\_\_\_
Sex \_\_\_\_\_ DOB \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Alien # \_\_\_\_\_ Exp \_\_\_\_\_
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ SS# \_\_\_\_\_
E-mail address \_\_\_\_\_

a) Has this "registered agent" been cited or charged at any time with any violation of state or federal law or regulation, or any rule or regulation of the city or county?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, give details on separate sheet)

b) Has this "registered agent" been convicted of driving under the influence, or any felony within the past five (5) years ?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, give details on separate sheet)

c) Has any previous license issued to this "registered agent" or has this "registered agent" held any interest in an application that has been revoked by any state or subdivision or the federal government and reason \_\_\_\_\_

\_\_\_\_\_

d) Name of previous "registered agent", and date this person left employment or ceased to serve as registered agent for this business. \_\_\_\_\_

(5) **OATH**

I/We do solemnly swear, subject to criminal penalties for false swearing, the statements and answers made to the foregoing questions in this application for a license as a dealer in alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein, and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application.

Should any change occur during the year for which a license is issued pursuant to this application, which would require a different answer to any question contained in this application, such change **MUST** be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be a cause for the suspension or revocation of any license issued.

I/We hereby certify as applicant(s) that I/We have received, read and understand the Hall County regulations controlling alcoholic beverages and herein make application. I/We also understand that a copy of the Alcoholic Beverage Code is to be kept on the licensed premises at all times.

\_\_\_\_\_  
Signature of Licenseholder (Managing Agent) Under Oath

\_\_\_\_\_  
Signature of Registered Agent Under Oath

\_\_\_\_\_  
Signature of Owner (If not Licenseholder)

\_\_\_\_\_  
Doing Business As

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Sworn to and Subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

**REGISTERED AGENT CERTIFICATION**

NAME \_\_\_\_\_

(Full name, no initials)

Physical Home Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

E-mail address \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Alien Registration # \_\_\_\_\_ Exp. \_\_\_\_\_

***ADDITIONAL CONTACT INFORMATION***

Place of employment \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

2<sup>nd</sup> Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I hereby certify that I am a permanent resident of Hall County, Georgia and agree to serve as a “registered agent” on behalf of

\_\_\_\_\_ Business Name

located at \_\_\_\_\_

Business Address

Hall County, Georgia until December 31, \_\_\_\_\_. As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Codes of Hall County, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

If for any reason I am unable to serve as the “registered agent” on behalf of the above named business, I understand that it is my responsibility to contact the Business License Director advising that I will no longer serve as the “registered agent” for the above named business.

\_\_\_\_\_  
Signature of Registered Agent date

Sworn and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
seal