



Certification by Registered Agent

REGISTERED AGENT CERTIFICATION

The undersigned certifies that:

The above information is true and correct and that no changes have been made to same; that I am the original applicant and my name appears on the issued license.

I have read the Jackson County Alcoholic Beverages Code and a copy will be maintained on the premises, and every employee will be required to be familiar with said regulation;

I will comply with all laws, rules and regulations of the United States, the State of Georgia, and Jackson County, now in force or which may hereafter be promulgated or enacted, regulating and governing the sale of, wine and malt beverages.

I understand that no license shall be assignable or transferable, nor am I entitled to a rebate of the license fee or any portion thereof by reason of the revocation of said license, or for any other reason.

I further understand that making false or fraudulent statements and/or representations may subject me to civil and/or criminal penalties including fine and/or imprisonment.

Registered Agent Name

Registered Agent Title

Email Address

Phone Number

Signature of Registered Agent

Date

Signature of Notary

Date

(Seal)
