

AUTHORIZATION LETTER OF REPRESENTATIVE

to complete and submit information regarding the Alcohol License application forlocated at			
			wledge about the nature of the business and will provide when and if necessary, regarding the Alcohol License of the
		Owner Signature	Date
Please Print Name			
Owner's Address			
Representative Signature	Date		
Please Print Name			
Representative Address			
SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF, 2019			
NOTARY PUBLIC, STATE OF GEORGIA			

^{***}THIS FORM ONLY NEEDS TO BE AUTHORIZED IF OWNER LIVES OUT OF THE COUNTY***