

**STATE OF GEORGIA
TOBACCO IMPORTER ACCEPTANCE
OF JOINT & SEVERAL LIABILITY FORM**

IMPORTER INFORMATION:	
NAME:	CONTACT PERSON:
ADDRESS:	CITY:
STATE:	ZIP CODE:
TELEPHONE:	EMAIL:
GEORGIA LICENSE TYPE & NO.:	TI PERMIT NO.:

ATTACH COPY OF THE TOBACCO IMPORTER (TI) PERMIT ISSUED BY THE U.S. TREASURY,
TOBACCO TAX BUREAU

Is the Importer represented by counsel? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COUNSEL INFORMATION:	
NAME:	FIRM:
ADDRESS:	CITY:
STATE:	ZIP CODE:
TELEPHONE:	EMAIL:

NON-PARTICIPATING MANUFACTURER FOR WHOM LIABILITY IS ACCEPTED:	
NAME:	CONTACT PERSON:
ADDRESS:	CITY:
STATE:	ZIP CODE:
TELEPHONE:	EMAIL:

BRAND FAMILIIES BEING IMPORTED FROM NON-PARTICIPATING MANUFACTUER:	

THESE CIGARETTE BRAND FAMILIES ARE IMPORTED UNDER:
<input type="checkbox"/> A written contract commencing on _____ and ending on _____
<input type="checkbox"/> An oral contract or informal agreement.

ATTACH COPY OF WRITTEN CONTRACT (IF APPLICABLE)

ACCEPTANCE OF JOINT AND SEVERAL LIABILITY:
<p>In accordance with O.C.G.A. §§ 10-13-3(2)(D) & 10-13A-3(d)(7), as amended, for all sales of the brands families of cigarettes identified above occurring in the State of Georgia, the Importer hereby accepts joint and several liability with the Non-Participating Manufacturer identified above for all obligations to place funds into a qualified escrow fund and for payment of all penalties and all costs and expenses of investigation and prosecution, including attorney's fees imposed. This acceptance of joint and several liability shall remain in effect until the Importer ceases importing the cigarettes identified above to be sold in the State of Georgia <u>and</u> the Importer withdraws from this obligation by giving 60 days advance notice by registered mail to the Office of the Georgia Attorney General, provided such withdrawal shall not release said Importer from any liability existing hereunder at the time of the effective date of said withdrawal and further provided that such withdrawal shall not release the Importer from liability with regard to any cigarettes sold in this state that it imported prior to the effective date of withdrawal. The effective date of said withdrawal shall be 60 days following receipt of notice by the Office of the Attorney General of Georgia. All Importer's obligations including, but not limited to any escrow obligations, penalties, costs, and attorney's fees shall continue until all obligations have been satisfied.</p>
Initial of Importer indicating acceptance of joint and several liability:

CONSENT TO SUIT:	
The above-named Importer, does hereby consent to personal jurisdiction in Georgia and that any action or proceeding against it pursuant to O.C.G.A. §§ 10-13-3(2)(D), 10-13A-3(d)(7), as amended, by the State of Georgia, may be commenced in the Superior Court of Fulton County, Georgia or in any state court of competent jurisdiction within Georgia.	
Initial of Importer indicating consent to suit:	

IMPORTER'S REGISTERED AGENT FOR SERVICE OF PROCESS:	
Company:	Address:
City:	State:
Zip Code:	County:
Phone & Fax No.:	Email:

COMPLETE FORM AG-02 APPOINTMENT OF REGISTERED AGENT FORM AND SUBMIT WITH THIS FORM

BONDING:	
Does the Importer submitting this form have a bond in place to cover escrow liability for sales made in Georgia during the sales year?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ATTACH COPY OF BOND (IF APPLICABLE)

REQUIRED DOCUMENTATION:	
<input type="checkbox"/> Proof of Authority to accept joint and several liability for Non-Participating Manufacturer under O.C.G.A. §§ 10-13-3(2)(D), 10-13A-3(d)(7).	
<input type="checkbox"/> Proof of Authority to consent to suit on behalf of Importer, <i>e.g.</i> a resolution by the Importer specifically agreeing to the consent to suit provision, as well as any required approval by an applicable governmental agency, whether federal, state, county, local, or tribal.	
<input type="checkbox"/> Proof of Authority given to the signing party to execute this form.	

ATTACH COPIES OF THESE DOCUMENTS

SIGNATURE:	
Authorized Designee:	Title:
Designee Signature:	Date:

NOTARY:
Subscribed and sworn before me this date:
Signature of Notary Public
City or County of:
My Commission Expires:

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