



**WELCOME HOME / BUILDING FOR BUSINESS PROGRAM
DESIGNATION OF LOCAL AGENT FORM**

DESIGNATION OF LOCAL AGENT REQUIREMENT

The Summit County Land Reutilization Corporation (“Summit County Land Bank”), requires that program applicants, other than individuals, maintain their principal place of business within Summit County, Ohio or, in the alternative, designate, and maintain, a local agent upon whom process against the applicant may be served. Applicants must complete, and submit, this form to the Summit County Land Bank. Completion and submission of this form does not limit or affect the right of the Summit County Land Bank to serve process in any other manner permitted by law. This form shall remain in effect unless, and until, the applicant properly submits a new Designation of Local Agent Form to the Summit County Land Bank. Incomplete forms or forms submitted without notarization will be deemed invalid. Submission of forms deemed to be invalid will result in a denial of any program application.

Designated local agents may include any natural person who is a resident of, and whose principal place of residence is in, Summit County, Ohio, or any domestic or foreign corporation, nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association whose principal place of business, and business address, is in Summit County, Ohio.

If the designated local agent changes the agent’s address from that appearing on the most recently submitted Designation of Local Agent Form, a new and updated Designation of Local Agent Form must be properly submitted by the designated agent.

APPLICANT INFORMATION

Applicant Information					
Legal Business Name					
DBA (If Applicable)					
Principal Business Address					
City		State		Zip	
FEIN					
Incorporator/Authorized Representative Information					
First Name				M.I.	
Last Name					
Mailing Address					
City		State		Zip	
Phone		Email			

By signing this Designation of Local Agent Form, any individual signing on behalf of the applicant represents and warrants they are the incorporator(s), authorized corporate officer(s), authorized representative, member, or manager, of the applicant, authorized to sign and submit this form on behalf of the applicant.

APPLICANT STATEMENT

By signing this Designation of Local Agent Form, I hereby designate the individual, or entity, below, to be the designated local agent for the applicant and hereby grant said designated local agent to appear in place of, and on behalf of, the applicant in all matters. I further authorize, without limitation, the designated local agent provided herein to accept service of process on behalf of the applicant. This designation shall continue until such time a new Designation of Local Agent Form is properly completed and submitted to the Summit County Land Bank. I understand that service of process upon the designated local agent shall be the same as personal service upon the applicant, and arrangements have been made with the designated local agent to ensure the applicant is notified of any service of process and/or proceeding against the applicant.

By signing and submitting this Designation of Local Agent Form, the undersigned hereby certifies they have the requisite authority to execute this document:

Signature of Authorized Representative

Signature of Authorized Representative

Printed Name of Authorized Representative

Printed Name of Authorized Representative

Title

Title

Date

Date

DESIGNATED LOCAL AGENT INFORMATION

Applicant Information					
Legal Business Name					
DBA (If Applicable)					
Principal Business Address					
City		State		Zip	
FEIN					
Incorporator/Authorized Representative Information					
First Name				M.I.	
Last Name					
Mailing Address					
City		State		Zip	
Phone		Email			

By signing this Designation of Local Agent Form, any individual signing on behalf of the designated local agent represents and warrants they are the incorporator(s), authorized corporate officer(s), authorized representative, member, or manager, of the designated local agent, authorized to sign and submit this form on behalf of the designated local agent.

ACCEPTANCE OF APPOINTMENT & DESIGNATED LOCAL AGENT STATEMENT

By signing this Designation of Local Agent Form, I hereby acknowledge and accept the appointment of designated local agent for the applicant.

By signing and submitting this Designation of Local Agent Form, the undersigned hereby certifies they have the requisite authority to execute this document:

Signature of Authorized Representative

Signature of Authorized Representative

Printed Name of Authorized Representative

Printed Name of Authorized Representative

Title

Title

Date

Date

State of Ohio }
County of Summit }

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by
_____, on behalf of _____, and
by _____, on behalf of _____.

In testimony whereof, I have hereunto set my hand and official seal, at Summit County, Ohio, this _____ day of
_____, _____.

Notary Public