O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in O.C.G.A. § 50-36-1, from the Department of Building Safety and Regulatory Services, the undersigned applicant verifies ONLY one of the following with respect to my application for public benefit:

1) _____ I am a United States citizen: or;

2) _____ I am a legal permanent resident of the United States. or;

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.
   *My alien number issued by the Department of Homeland Security or other federal immigration agency is _________________________________.
   *(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK)

The undersigned applicant also hereby verifies that he or she is 18 years or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

*The secure and verifiable document provided with this affidavit can be classified as ____________________________
   *(such as: state issued driver’s license, state issued identification, passport, etc.)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in ______________________ (City), _____________________ (State).

_________________________________________  __________________________
Signature of Applicant:                      Date

_________________________________________
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS
_____ DAY OF _________________, 20____

My Commission Expires: ______________________

SEAL

_________________________________________
NOTARY PUBLIC