



**THIS AFFIDAVIT MUST BE NOTARIZED**

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant's lawful presence in the United States (Ga. Code 50-36-1 (e) (2)). The applicant shall execute this affidavit in front of a Notary and return it to the City along with the associated application, renewal form, contract, bid packet or other applicable document.

By executing this affidavit under oath, as an applicant for (circle one) an **Occupational Tax Certificate** or **Alcohol License**, referenced in O.C.G.A. § 50-36-1, from the **City of Garden City, Georgia**, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one)

1. \_\_\_\_\_ I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)
2. \_\_\_\_\_ I am a legal permanent resident of the United States.
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: \_\_\_\_\_.

The undersigned applicant has also hereby verified that he or she is 18 years of age or older and has provided at least one secure and verifiable document.

**REQUIRES VERIFICATION AT SUBMISSION:** Which type secure and verifiable document was provided with this affidavit?: \_\_\_\_\_

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*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 statute.*

**I hereby declare under penalty of perjury that the foregoing is true and correct.**

I, \_\_\_\_\_ (representative for) \_\_\_\_\_  
(Printed name of individual) (Name of business, corporation, LLC, partnership, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES