SAVE AFFIDAVIT

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT
PURSUANT TO O.C.G.A. § 50-36-1(E)(2)
SUBMITTED TO DEPARTMENT OF FINANCE - OFFICE OF REVENUE

By executing this affidavit under oath, as an applicant for an **Occupational Tax Certificate** [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from the City of Atlanta, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

      1) _____ I am a United States citizen.
      Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports

      2) _____ I am a legal permanent resident of the United States. **
      Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports

      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.**
      Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports

          My alien number issued by the Department of Homeland Security or other federal immigration agency is:

          _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age 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 best be classified as:

_____.

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

_____
Name of Business

_____
Business License Acct No.

SUBSCRIBED AND SWORN BEFORE ME ON

THIS THE _____ DAY OF _____, 20___.

_____
NOTARY PUBLIC /SEAL

My Commission
Expires: _____