O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____ [*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from _____ [*name of government entity*], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen.

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 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

_____
Printed Name of Applicant

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

_____
NOTARY PUBLIC
My Commission Expires:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____ [*business license, occupational tax certificate, or other document required to operate a business*] as referenced in O.C.G.A. § 36-60-6(d), from _____ [*name of county or municipal corporation*], the undersigned applicant representing the private employer known as _____ [*printed name of private employer*] verifies one of the following with respect to my application for the above mentioned document:

1. **Fill out this section between January 1, 2012, and June 30, 2012.**
   (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
   (b)_____ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.
   If the employer selected 1(a) please fill out Section 4 below.

2. **Fill out this section between July 1, 2012, and June 30, 2013.**
   (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
   (b)_____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.
   If the employer selected 2(a) please fill out Section 4 below.

3. **Fill out this section on or after July 1, 2013.**
   (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
   (b)_____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.
   If the employer selected 3(a) please fill out Section 4 below.

4. **The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

   _____
   Federal Work Authorization User Identification Number

   _____
   Date of Authorization

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 allowed by such statute.

Executed on the ___ date of _____, 201___ in _____ (city), _____(state)

_____
Signature of Authorized Officer or Agent

_____
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 201___.

_____
NOTARY PUBLIC

My Commission Expires:

_____

CITY OF GRAHAM BUSINESS LICENSE.

9659 Golden Isles West
Graham Georgia 31513
912-367-2202 Office 912-367-5000 Fax

DATE OF APPLICATION_____

NAME OF APPLICANT:_____

ADDRESS OF APPLICANT (NOT BUISNESS):_____

APPLICANT PHONE NUMBER:_____

APPLICANT: DOB_____SSN:_____

DRIVER LICENSE NUMBER:_____STATE_____

BUISNESS INFORMATION

NAME OF BUISNESS:_____

ADDRESS OF BUISNESS:_____

BUISNESS PHONE NUMBER:_____

TYPE OF BUISNESS:_____

WILL BUISNESS SELL ALCOHOL, BEER OR WINE? ☐Y ☐N

WILL BUISNESS BE ANY TYPE OF MEDICAL CARE FACILITY IE: HOME HEALTH CARE, ETC.?
☐Y N☐

WILL THE BUISNESS BE ANY TYPE OF CHILD DAYCARE OR HOME FACILITY? ☐Y ☐N

IS THE BUISNESS LOCATED INSIDE THE CITY LIMITS OF GRAHAM? ☐Y ☐N

Notice—By state law some business requires that a background check be run on the applicant to determine the applicant's ability to obtain the business license. If you agree to this requirement please sign and return application to the City of Graham 9659 Golden Isles West Graham Georgia 31513.

_____ Business License approved: ☐Y ☐N
Applicant's signature Date

_____
Approving signature and Title Date

_____
Chief of Police (If required) Date