

CITY OF SOUTH FULTON APPLICATION FOR ALCOHOL BEVERAGE LICENSE

**Save Affidavit
Affidavit Verifying Status for City Public Benefit
Pursuant to O.C.G.A. § 50-36-1(e)(2)**

By executing this affidavit under oath, as an applicant for a(n) alcohol license
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from City of South Fulton [*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 THE

_____ DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires: