



2665 Buford Hwy
Atlanta, GA 30324
Main 404-637-0500
Fax 404-637-0501
www.brookhavenga.gov

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

****This form is required for ALL LICENSES/PERMITS by State Law****

By executing this affidavit under oath, as an applicant for a special event temporary alcohol license, as referenced in O.C.G.A. § 50-36-1, from the City of Brookhaven, 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
(Must include copy of either current State Driver's License, Passport, or Military ID)
- 2) _____ I am a legal permanent resident of the United States**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)
- 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. **
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

**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

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

NOTARY PUBLIC/SEAL

My Commission Expires: _____