2665 Buford Hwy
Atlanta, GA 30324
Main 404-637-0500
Fax 404-637-0501
Brookhaven, GA | Official Website

O.C.G.A. § 50-36-1 SAVE Affidavit Verifying Lawful Presence for City Public Benefit

This affidavit is required by Georgia State Law.

Per the requirements of O.C.G.A. § 50-36-1, by executing this affidavit under oath, I, the undersigned applicant for a Business License (Occupational Tax Certificate) from the City of Brookhaven, Georgia, verify the following with respect to my application for a public benefit:

❑ I am a United States citizen.

(Provide a copy of either current State's Driver's License, Passport, or Military ID.)

❑ I am a legal permanent resident of the United States.

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

(Provide a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card.)

❑ I am a qualified alien or non-immigrant under the Federal Immigration and Nationally Act.

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

(Provide a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card.)

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 with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as:

❑ Driver's License ❑ Passport ❑ Military ID ❑ Permanent Resident Card ❑ Employment Authorization Card

In making the above representation under oath, I understand that any person who knowingly and willfully makes 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 _____

_____ My commission expires: _____

Notary Public Signature *Notary Stamp*