

SAVE AFFIDAVIT – Affidavit Verifying Status for City Public Benefit Pursuant to O.C.G.A. § 50-36-1 (E)(2)
U.S. CITIZENS ARE NOT REQUIRED TO BE SUBMITTED FOR RENEWAL provided you supplied these documents with the 2022
renewal or prior.

By executing this affidavit under oath, as an applicant for:
(Check all that apply) [type of public benefit]

_____ Occupational Tax _____ Alcohol License _____ Other Public Benefit

as referenced in O.C.G.A. § 50-36-1, from the City of Buford, 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: _____.

You must submit a front and back copy of a Secure and Verifiable Document with this affidavit such as a copy of driver’s license, and/or passport unless the same individual signed and submitted secure and verifiable document previously and copy already on file. A complete list of Secure and Verifiable Documents may be found at http://etax.dor.ga.gov/ctr/2013_Secure_andVerifiable_Document_Listing.pdf or on the Georgia Attorney General’s website. For more information, please refer to https://etax.dor.ga.gov/ctr/Public_Benefits_FAQ.pdf.

E-VERIFY AFFIDAVIT -- PRIVATE EMPLOYER AFFIDAVIT PURSUANT to O.C.G.A. § 36-60-6(d)

The affidavit requirement does not apply if the private employer has previously provided an E-Verify number AND the number of employees has not changed

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

Section 1

Please check only one:

- (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 ten (10) or fewer employees.

***If the employers selected Section 1(A), please fill out Section 2 below.

Section 2

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 follows:

E-Verify Number (usually 4-6 digits) this is **NOT your Federal ID Number**
(Also called the Federal Work Authorization User Identification Number)

Date of Authorization
(Actual Date Company signed up to begin E-Verify use)

In making the above representation(s) 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 Authorized Officer or Agent Date

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

Printed Name and Title of Officer or Agent

Printed Name and Title of Authorized Officer or Agent

NOTARY PUBLIC SIGNATURE AND SEAL

My Commission Expires: _____