

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Doraville, Georgia Business License or Occupational Tax Certificate, Alcohol License, Permit or other public benefit as referenced in O.C. G. A. Section §50-36-1, I am stating that following with respect to my application for (check one) Occupation Tax Certificate, Alcohol License, Permit or other public benefit for: _____ [Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity]

- I am a United States citizen, **OR**
- I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.
*Copy of **Alien Registration Card**

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 Code Section 16-10-20 of the Official Code of Georgia.

Applicant Signature: _____ **Date:** ____/____/____
**Must be signed in the presence of a Notary*

* _____
Alien Registration Number for Non-Citizens

PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE PURSUANT TO O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____/_____/_____
FEDERAL WORK AUTHORIZATION USER IDENTIFICATION NUMBER NAME OF PRIVATE EMPLOYER DATE OF AUTHORIZATION

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on this the _____ day of _____, 20____ in _____, _____.
CITY STATE

SIGNATURE OF AUTHORIZED OFFICER OR AGENT
**Must be signed in the presence of a Notary*

PRINTED NAME AND TITLE OF AUTHORIZED OFFICER OR AGENT

SUBSCRIBED AND SWORN BEFORE ME

ON THIS _____ DAY OF _____, 20____

NOTARY PUBLIC

My commission expires: _____ (Seal)

STAFF USE ONLY	DATE	NOTES
Complete Application Received:		
Application Fee Paid: \$		
Occupational Tax Paid: \$		
Documents/Licenses Required:		<input type="checkbox"/> Food Services <input type="checkbox"/> State License <input type="checkbox"/> ID
OTC Issued: #		<input type="checkbox"/> Pickup <input type="checkbox"/> Mailed
SAVE Response: <input type="checkbox"/> PRC <input type="checkbox"/> EAC <input type="checkbox"/> other		<input type="checkbox"/> Lawfully Permitted <input type="checkbox"/> Require additional verification
*Notes:		