



SAVE PUBLIC BENEFITS AFFIDAVIT

By executing this affidavit under oath, as an applicant for, _____
(Occupational Tax License or Alcoholic Beverage License or any other public benefit,) as referenced in O.C.G.A. § 50-36-1, from the City of Dacula, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one.)

1. ☐ I am a United States citizen. (Include copy of either current State Driver's License, Passport, or Military ID)
2. ☐ I am a legal permanent resident of the United States. (Include a copy of a current State Driver's License and a copy of your Permanent Resident Card/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. My alien number is _____. (Include a copy of a State Driver's License and a copy of your Permanent Resident Card/Employment Authorization Card)

The undersigned applicant 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 Georgia Law O.C.G.A. § 50-36-1(e)(1) with this affidavit.

Which type of secure and verifiable document was provided with this affidavit? _____

In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this 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.

Completed by Notary:

I, _____ (representative for) _____
(Print name of individual/natural person) (Name of business, corporation, partnership, etc.)

Signature of Applicant

Date

Subscribed and sworn before me on this the _____ day of _____, 20_____.

Executed in _____(city), _____(state)

Notary public signature: _____ My commission expires: _____