



LAWRENCEVILLE

GEORGIA

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION (S.A.V.E.)

PLEASE SIGN THE DOCUMENT ONLY IN THE PRESENCE OF THE NOTARY PUBLIC. THIS AFFIDAVIT MUST BE EXECUTED ANNUALLY.

By executing this affidavit under oath, as an applicant for a City of Lawrenceville, Georgia Occupational Tax Certificate, Alcohol License, or other public benefit as referred in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a public benefit:

- _____ Occupational Tax Certificate
- _____ Alcohol License 0
- _____ Other Public Benefit

Business Name: _____

- _____ I am a United States citizen. (Attach a copy of your driver's license)
- _____ I am a legal permanent resident of the United States.*
- _____ 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.*

*For legal permanent resident, qualified aliens, and non-immigrants, verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Permanent Resident Alien Card (I-551)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

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.

Must attach a copy of the secure and verifiable document.

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

Print Name of Applicant

Sworn to and subscribed before me this _____
day of _____ 20_____.

Notary Public