

**SAVE AFFIDAVIT**  
**AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT**  
**PURSUANT TO O.C.G.A. § 50-36-1(E)(2)**

By executing this affidavit under oath, as an applicant for a City of Port Wentworth, Georgia Occupational Tax Certificate (Business License), Alcoholic Beverage License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, the undersigned applicant representing the entity known as

\_\_\_\_\_  
*Name of Private Employer (Business)*

verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am 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 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 be best 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.

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

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

*Type of Public Benefit Applying For*

\_\_\_\_ Occupational Tax Certificate \_\_\_\_\_ Alcoholic Beverage License  
\_\_\_\_ Other Benefit \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Occupational Tax (Business License) Number

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(NOTARY SEAL)

\*Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. **Qualified aliens that do not have an alien registration number may supply another identifying number here:** \_\_\_\_\_.