



Affidavit Verifying Lawful Presence Within the United States

I, (print name) _____, swear or affirm under penalty of perjury that (*check one*):

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit (*check one*):

- Alcoholic Beverage License for _____
Print Business Name
- Alcohol Employee Pouring Permit
- Occupation Tax Certificate _____
Print Business Name
- Door-to-Door Salesmen/Solicitors Permit
- Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Print Name of Applicant

Position Title (if applicable)

Signature of Applicant

Date

Subscribed and sworn to before me on

this the _____ day of _____, 20_____.

(Clerk/Notary Public)

My commission expires: _____



PRIVATE EMPLOYER AFFIDAVIT

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an occupational tax certificate (*business license, occupational tax certificate, or other document required to operate a business*) as referenced in O.C.G.A. § 36-60-6(d), from the City of Tucker, the undersigned applicant representing the private employer known as

(Print Business Name) _____ (printed name of business/private employer) verifies one of the following with respect to my application for the above mentioned document:

Fill out this section (Effective April 1, 2016) for new and/or renewal business occupation tax certificates. Check (a) or (b).

(a) _____ On the below signed year the individual, firm, or corporation employed eleven (11) or more employees.

(b) _____ On the below signed year the individual, firm, or corporation employed **less** than eleven (11) employees.

COMPLETE THIS SECTION IF AND ONLY IF YOU CHECKED (a) ABOVE

The employer 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. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

ALL APPLICANTS MUST SIGN BELOW, NOTARIZE, AND THEN RETURN THIS AFFIDAVIT WITH APPLICATION/PAYMENT TO OBTAIN YOUR BUSINESS TAX CERTIFICATE

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 allowed by such statute.

Executed on the _____ day of _____, 20____ in _____ (city),

_____ (state)

Printed Name of and Title of Authorized Officer or Agent

Signature of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20_____.

Notary Signature

NOTARY SEAL