



1975 Lakeside Pkwy, Ste 350
Tucker, GA 30084
678-597-9040
www.tuckerga.gov
licenses@tuckerga.gov

Systematic Alien Verification for Entitlements Program (SAVE) 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 (**State of Federal Issued Photo ID**)
- I am a legal permanent resident of the United States (**Permanent Resident or Authorization Card**)
- 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.

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

- Alcoholic Beverage License for _____
Print Business Name
- Alcohol Employee Pouring Permit
- Occupational Tax Certificate
- Door-to-Door Salesmen/Solicitors Permit
- Other: _____
Public Benefit

X _____
SIGNATURE OF APPLICANT

**Must be signed in the presents of a Notary*

Name of Business (if applicable)

ALIEN REGISTRATION NUMBER

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that the state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

E-Verify (PRIVATE EMPLOYER AFFIDAVIT)

The Georgia Department of Law is a registered participant in the federal work authorization program commonly known as E-Verify, and uses such program to verify employment eligibility of all employees hired on or after July 1, 2007

EMPLOYER DOES NOT EMPLOY MORE THAN TEN EMPLOYEES – Proceed to notary section

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

For more information on E-Verify: <https://www.e-verify.gov> or <https://law.georgia.gov/e-verify>

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 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 and face criminal penalties by such statute.

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

Print Name and Title of authorized Officer or Agent

X _____
Signature of Authorized Officer or Agent *Must be signed in the presents of a Notary

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____.

Notary Signature

My commission expires: _____ / _____ / _____

NOTARY SEAL