Systematic Alien Verification for Entitlements (SAVE) Affidavit

Affidavit Verifying Status for Augusta, Georgia
Public benefit Application with License and Inspection Division
Pursuant to O.C.G.A. §50-36-1 (e) (2)

By executing this affidavit under oath, as an applicant for: (check all that apply)

_____Augusta, Georgia Business License or Georgia Occupational Tax Certificate
_____Alcohol License
_____Taxi Permit
_____Other public benefit, including _____ as referenced in O.C.G.A. §50-36-1

From Augusta, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen

2) _____ I am a 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 is issued by the Department of Homeland Security or other federal immigration agency is: _____.

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.

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 the O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state)

Business Name _____

Business License Number _____
Required

_____
Signature of Applicant

_____
Printed Name of Applicant

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

_____
NOTARY PUBLIC
My Commission Expires: