



S.A.V.E/ PUBLIC AFFIDAVIT

By executing this affidavit under oath, as an applicant for:

(check app.)

- Occupation Tax Certificate
- Alcohol License,
- Other public benefit

as referenced in O.C.G.A Section 50-36-1,

from the **City of LaGrange, Georgia** the undersigned applicant verifies one of the following with respect to my application for a public benefit: (choose one)

- 1) _____ I am a United States citizen 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**
- 2) _____ I am a legal permanent resident 18 years of age or older **has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit**
- 3) _____ I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, with an alien number issued by the department of Homeland Security of other federal immigration agency .

My alien number issued by the Department of Homeland Security of 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.

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 violation of O.C.G.A § 16-10-20, and face criminal penalties as allowed by such criminal stature.

Executed in _____ (city), _____ (state)

(MUST BE NOTARIZED IN FRONT OF A NOTARY)

Signature of Applicant:

Date

Printed Name

SUBSCRIBED AND SWORN

My Commission Expires:

BEFORE ME ON THIS THE
_____ DAY OF _____, 20____

Notary Public _____