



Chatham County ~ Department of Building Safety & Regulatory Services
Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161
Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406
Office: 912-201-4300 | Fax 912-201-4301 | <https://buildingsafety.chathamcountyga.gov/>

**O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status
for County Public Benefit Application**

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in **O.C.G.A. § 50-36-1**, from the **Department of Building Safety and Regulatory Services**, the undersigned applicant verifies **ONLY** one of the following with respect to my application for public benefit:

- 1) ☐ I am a United States citizen: **or**;
- 2) ☐ I am a legal permanent resident of the United States. **or**;
- 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** _____.

A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK

The undersigned applicant also hereby verifies that he or she is 18 years 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 classified as _____.

(Example: state issued driver's license, state issued identification, passport, etc.)

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.

Executed on _____, 20____ in _____ (City), _____ (State)

Signature of Applicant

Printed Name of Applicant

Sworn to and subscribed before me this

_____ day of _____, 20_____.

SEAL

Notary Public Signature

My Commission expires: