



## CHATHAM COUNTY

DEPARTMENT OF BUILDING SAFETY  
AND REGULATORY SERVICES  
P.O. Box 8161, Savannah, GA 31412-8161  
1117 Eisenhower Drive, Suite D, Savannah GA 31406  
912-201-4300 | Fax 912-201-4301  
<http://buildingsafety.chathamcountyga.gov>



Gregori S. Anderson, CBO  
Director

Clifford Bascombe, CBO  
Assistant Director

### 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 \_\_\_\_\_**  
**(such as: 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 in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC

SEAL