



**BUSINESS LICENSE / OCCUPATION TAX CERTIFICATE
AFFIDAVIT VERIFYING STATUS
O.C.G.A. § 50-36-1(e)(2)**

Affidavit must be notarized prior to being submitted to the Business License Division.

Include a copy of applicant's secure and verifiable identification document. A list of secure and verifiable documents is provided by the Attorney General on the Georgia Department of Law website.

By executing this affidavit under oath, as an applicant for a(n) Business License/Occupation Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Marietta, 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. **(provide state issued identification document; example: driver's license)**
2. I am a legal permanent resident of the United States. **(provide copy of alien registration document)**
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. **(provide copy of alien registration document)**

My alien number 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)(I), with this affidavit.

The secure and verifiable document provided with the 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 a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ day of _____, 20_____ in _____ (City), _____ (State)

Signature of Applicant

For notary use only

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

day of _____, 20_____

Printed Name of Applicant

NOTARY PUBLIC
My Commission Expires: _____

***This affidavit does not apply to an applicant applying for or renewing an application for a public benefit within the same agency or political subdivision if the applicant has previously complied with the requirements of Georgia Code Section 50-36-2 by submission of a secure and verifiable document, as defined in Code Section 50-36-2, and a signed and sworn affidavit affirming that such applicant is a United States Citizen.