

11/13/2012

Affidavit Verifying Status for Public Benefit Pursuant to Georgia Immigration Laws

By executing this affidavit under oath, as an applicant for a Newton County, Georgia Business or Alcoholic Beverage License, which is a public benefit as referenced in O.C.G.A. Section 50-36-, I am stating for myself or on behalf of _____ (Business Entity) my personal presence in the United States as follows (check one):

- A. _____ I am a United States Citizen, OR
- B. _____ I am a legal permanent resident 18 years or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. I have provided my Alien Registration Number, or in the event I do not have an Alien Registration Number, I have provided another identifying number below.

O.C.G.A 50-36-1 (e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their registration number. Because legal permanent residents are included in Federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number.

Alien Registration & Card Number or Non-Citizens	Doc. Expiration Date	Birth Date
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- **MUST PROVIDE COPY OF REGISTRATION CARD FRONT & BACK!!!!**

Private Employer Affidavit Pursuant to O.C.G.A. 36-60-6(d)

By executing this affidavit, as an applicant for _____ (Business Entity), I verify its compliance with O.C.G.A 36-60-6 (d), stating that the private employer verifies one of the following (check one):

_____ **Employers with less than 10 employees:** The employer verifies that it is exempt from compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm, or corporation employs fewer than 10 employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with applicable provisions and deadlines established in O.C.G.A. 13-10-90.

_____ **Employers with 10 or more employees:** The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. 36-60-6(A). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below:

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

In making the above representation under oath, I understand that Newton County Business License Department is relying upon this affidavit, and I hereby authorize them to do so and will notify them immediately if there should be any change in the above statements. I am aware 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 Code Section 16-10-20 of the Official Code of Georgia.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS
___ DAY OF _____, 20___.

Signature of Applicant: _____ Date: _____

Notary Public
My Commission Expires:

Print Name: _____
First Middle Last