

# Affidavit Verifying Status for City Public Benefit Application

Eastman, Dodge County, Georgia

By executing this affidavit under oath, as an applicant for a City of Eastman, Dodge County, Georgia, Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract, or other public benefit as referenced in 8 U.S.C. Section 1621 and O.C.G.A. Section 50-36-2, I am aware that the City of Eastman and Dodge County will rely on the statements contained herein. With respect to my application for a City of Eastman, Dodge County, Georgia, Occupation Tax Certificate, Alcohol License, Taxi Permit, or other public benefit for, I swear or affirm

\_\_\_\_\_ [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity.]

\_\_\_\_\_ [Name of business, corporation, partnership, or other private entity.]

\_\_\_\_\_ [E-Verify User Number]

Check one of the following two options.

1) \_\_\_\_\_ I am a United States citizen.

OR

2) \_\_\_\_\_ I am a legal permanent resident, eighteen (18) years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act eighteen (18) years of age or older and lawfully present in the United States. \*

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 Code Section 16-10-20 of the Official Code of Georgia.

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

Printed Name: \_\_\_\_\_

\* \_\_\_\_\_  
Alien Registration Number for Non-Citizens

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 201  
Notary Public

\_\_\_\_\_  
My Commission Expires:

\*Note: 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 alien registration number. Because legal permanent residents are included in the federal definitions 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:

CITY OF EASTMAN  
PO DRAWER 40  
EASTMAN, GA 31023  
TELEPHONE (478) 374-7721  
FAX (478) 374-5149

APPLICATION FOR OCCUPATIONAL TAX AND ALCOHOLIC BEVERAGE  
CERTIFICATE

DATE \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_

BEER AND WINE RETAIL SALES \_\_\_\_\_

BEER AND WINE SALES CONSUMPTION ON PREMISES \_\_\_\_\_

SPIRITOUS LIQUOR SALES CONSUMPTION ON PREMISES \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_

OWNER \_\_\_\_\_

DATE \_\_\_\_\_

**APPLICATION FOR RETAIL MALT BEVERAGE SALES AND SPIRITOUS LIQUOR CONSUMPTION SALES LICENSE(S)**

I, \_\_\_\_\_, being a person of good moral character, hereby make application for a license to engage in the sale of malt and wine beverages and/or spirituous liquors in the City of Eastman, Georgia at the following address:

\_\_\_\_\_.

I am a citizen of the United States,

I have never been convicted of a felony and have not been convicted within five (5) years of the date of this application of a violation of the laws of this state, or any other state, relating to the sale of alcoholic beverages.

I have not had revoked, for cause, within three (3) years next preceding this application, any license issued to me by the City of Eastman, the State of Georgia, or any other state to sell alcoholic beverages of any kind.

I am the owner of the premises for which the license is requested or the holder of any lease thereon.

I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested.

I understand that a violation of any of the regulations of the City of Eastman, or a violation of any law or regulation of the State of Georgia, pertaining to the sale of malt beverages and/or spirituous liquors shall subject my license to immediate revocation.

SIGNED \_\_\_\_\_

Sworn to and subscribed before me

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Notary Public

The following is a list of names and addresses of all partners of any other persons who have a financial interest in the business which will be operated under this license:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check only one:**

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 2.**

**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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

-----  
**I hereby declare under penalty of perjury that the foregoing is true and correct.**  
**Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).**

\_\_\_\_\_  
**Signature of Authorized Officer or Agent**

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.