

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [name of government entity], the undersigned applicant  
verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 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: \_\_\_\_\_.

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)(1), with this affidavit.

The secure and verifiable document provided with this 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 as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

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

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

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

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

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from \_\_\_\_\_ [name of county or municipal corporation], the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012, and June 30, 2012.
  - (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
  - (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

*If the employer selected 1(a) please fill out Section 4 below.*
2. Fill out this section between July 1, 2012, and June 30, 2013.
  - (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
  - (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

*If the employer selected 2(a) please fill out Section 4 below.*
3. Fill out this section on or after July 1, 2013.
  - (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
  - (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected 3(a) please fill out Section 4 below.*
4. 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 as listed below:

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

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

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 \_\_\_\_ date of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

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

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

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

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

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

# CITY OF GRAHAM BUSINESS LICENSE.

9659 Golden Isles West  
Graham Georgia 31513  
912-367-2202 Office 912-367-5000 Fax

DATE OF APPLICATION \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT (NOT BUISNESS): \_\_\_\_\_

APPLICANT PHONE NUMBER: \_\_\_\_\_

APPLICANT: DOB \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ STATE \_\_\_\_\_

## BUISNESS INFORMATION

NAME OF BUISNESS: \_\_\_\_\_

ADDRESS OF BUISNESS: \_\_\_\_\_

BUISNESS PHONE NUMBER: \_\_\_\_\_

TYPE OF BUISNESS: \_\_\_\_\_

WILL BUISNESS SELL ALCOHOL, BEER OR WINE? ☐ Y ☐ N

WILL BUISNESS BE ANY TYPE OF MEDICAL CARE FACILITY IE: HOME HEALTH CARE, ETC.? ☐ Y ☐ N

WILL THE BUISNESS BE ANY TYPE OF CHILD DAYCARE OR HOME FACILITY? ☐ Y ☐ N

IS THE BUISNESS LOCATED INSIDE THE CITY LIMITS OF GRAHAM? ☐ Y ☐ N

Notice—By state law some business requires that a background check be run on the applicant to determine the applicant's ability to obtain the business license. If you agree to this requirement please sign and return application to the City of Graham 9659 Golden Isles West Graham Georgia 31513.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Business License approved: ☐ Y ☐ N

Approving signature and Title \_\_\_\_\_ Date \_\_\_\_\_

Chief of Police (If required) \_\_\_\_\_ Date \_\_\_\_\_