

Public Benefit Affidavit

O.C.G.A. § 50-36-1(f) (2) Affidavit-By executing this affidavit under oath, as an applicant for a (n) _____ [type of public benefit, OTC, Alcohol License] for _____, (Name of Owner) as referenced in O.C.G.A. § 50-36-1, from Bulloch County, 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(f)(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: