

446 West Crogan Street, Suite 150 | Lawrenceville, GA 30046-2440 678.518.6000 GwinnettCounty.com

CITIZENSHIP AFFIDAVIT O.C.G.A.§ 50-36-1(E)

THIS AFFIDAVIT MUST BE COMPLETED

Business Name

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Business License / Occupational Tax Certificate** as referenced in O.C.G.A. § 50-36-1, from **Gwinnett County** the undersigned applicant verifies one of the following with respect to my application for public benefit:

Do not check more than one option.

_____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 herby 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: (i.e. driver's license, I-551, I-766, Passport, etc.)

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

Applicant Phone Number

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

NOTARY PUBLIC My Commission Expires: _____