

SAVE Affidavit



CITY OF ATLANTA AFFIDAVIT
VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFIT
SUBMITTED TO DEPARTMENT OF POLICE/LICENSE AND PERMITS

By executing this affidavit under oath, as an applicant for a City of Atlanta Contract, Business License or Georgia Occupation Tax Certificate, Alcohol License, Taxi Permit, Insurance Company License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Atlanta public benefit:

For: _____.

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

1) _____ I am a United States Citizen

OR

2) _____ I am a legal permanent resident 18 years of age 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. * **All non-citizens must provide their Alien Registration Number below.**

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:

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 20____

*

_____ Alien Registration number for non-citizens

*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 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 below:



ATLANTA POLICE DEPARTMENT
3493 Donald Lee Parkway
Atlanta, Georgia 30331

APPLICATION FOR BONDSPERSON RENEWAL
20 _____

1. APPLICANT NAME: _____
2. ADDRESS: _____ TELEPHONE: _____
3. DOB: _____ RACE: _____ SEX: _____ SS#: _____
4. CELLUAR PHONE: _____ EMAIL: _____
5. NAME OF COMPANY EMPLOYED BY: _____
6. COMPANY ADDRESS: _____ COMPANY PHONE #: _____
7. HAVE YOU EVER HAD A BONDSPERSON PERMIT DENIED OR REVOKED?
() YES () NO
8. IF YES, GIVE DATE AND EXPLANATION: _____

9. HAVE YOU BEEN CONVICTED OF ANY LAW? FEDERAL: _____ FOREIGN COUNTRY: _____
STATE LAW: _____ CITY ORDINANCE: _____ IF YES, GIVE EXPLANATION: _____

10. DOES APPLICANT HAVE ANY VIOLATION(S) OF THE LAW PENDING? _____

14. HAVE YOU READ AND FULLY UNDERSTAND THE CITY OF ATLANTA ORDINANCES, STATE LAWS AND REGULATIONS GOVERNING THE OPERATION OF A BONDSPERSON? () YES () NO
15. DO YOU AGREE TO ABIDE BY SUCH ORDINANCES, LAWS AND REGULATIONS? () YES () NO

INVESTIGATOR/INSPECTOR: _____

DATE RECEIVED: _____

STATUS OF APPLICATION: _____

A LETTER REQUESTING YOUR EMPLOYMENT FROM THE BONDING COMPANY MUST ACCOMPANY THIS APPLICATION.

I, _____, BEING DULY SWORN ACCORDING TO LAW, DO SWEAR/AFFIRM THAT THE FACTS AND THINGS STATED BY ME IN THE FOREGOING ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE OR FRAUDULENT STATEMENTS ARE MADE HEREIN AND THAT SUCH ANSWERS WERE MADE IN ORDER TO PROCURE GRANTING OF SUCH PERMIT.

I HEREBY AUTHORIZE THE ATLANTA POLICE DEPARTMENT, LICENSE AND PERMITS UNIT TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY.

SIGNATURE OF APPLICANT

DATE

SIGNATURE AND TITLE OF PERSON, OTHER THAN APPLICANT, COMPLETING THIS APPLICATION.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20 _____.

NOTARY