

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 Hollowell Parkway  
Atlanta, Georgia 30331

**HEALTH ESTABLISHMENT RENEWAL**  
**YEAR 20\_\_\_\_\_**

1. LEGAL NAME OF BUSINESS: \_\_\_\_\_
2. TRADE NAME OF BUSINESS: \_\_\_\_\_
3. BUSINESS ADDRESS: \_\_\_\_\_
4. FULL NAME OF OWER: \_\_\_\_\_
  - A. ADDRESS: \_\_\_\_\_
  - B. BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_
  - C. CELLUAR PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_
5. RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_
6. HAVE YOU BEEN CONVICTED OF ANY LAW? FEDERAL: \_\_\_\_\_ FOREIGN COUNTRY: \_\_\_\_\_  
STATE LAW: \_\_\_\_\_ CITY ORDINANCE: \_\_\_\_\_ IF YES, GIVE EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. DO YOU HAVE ANY PENDING VIOLATIONS OF THE LAW? IF SO, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_
8. NUMBER OF EMPLOYEE (S) CURRENTLY EMPLOYED BY COMPANY? \_\_\_\_\_
9. ARE YOU FAMILIAR WITH THE CITY OF ATLANTA ORDINANCES, STATE LAWS AND REGULATIONS GOVERNING THE OPERATION OF A HEALTH ESTABLISHMENT?  
( ) YES ( ) NO

**CERTIFICATION**

THIS IS TO CERTIFY THAT NO CHANGES HAVE TAKEN PLACE WITH RESPECT TO THE OPERATION OF THE ABOVE NAMED BUSINESS AFFECTING THE OWNERSHIP AS STATED IN THE ORIGINAL APPLICATION. I AM ALSO CERTIFYING AND AFFIRMING THAT THE ANSWERS TO ALL QUESTIONS ON MY ORIGINAL APPLICATION AT THE STATED BUSINESS IS CORRECT AND REMAINS UNCHANGED, APPLICABLE TO THE CITY AND STATE LAWS GOVERNING THE ABOVE ADDRESS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT  
DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20

\_\_\_\_\_  
NOTARY