

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

PAWN ESTABLISHMENT

PAWN BROKER

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. FULL NAME OF MANAGER: _____

BUSINESS PHONE: _____ HOME PHONE: _____

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

7. HAVE YOU READ AND FULLY UNDERSTAND THE CITY OF ATLANTA ORDINANCES, STATE LAWS AND REGULATIONS GOVERNING THE OPERATION OF A (CHECK THE APPROPRIATE BOX)

PAWN ESTABLISHMENT PAWN BROKER? () YES () NO

8. DO YOU AGREE TO ABIDE BY SUCH ORDINANCES, LAWS AND REGULATIONS? () YES () NO
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

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

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20_____.

NOTARY

