



APPLICATION FOR BUSINESS LICENSE

Date: _____

Name of Business: _____

Address of Business: _____

Owner: _____

Mailing Address: _____

Phone: _____

Type of Business: _____

Number of Employees: _____

Signature of Owner(s) _____

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, 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(e)(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 this the ___ day of _____, 201__ in _____ (city), _____ (state).

× _____
*Signature of Applicant

× _____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 201__

NOTARY PUBLIC
My Commission Expires:

**This Affidavit must be signed by the same person who executes the Application Certification Form Letter*

Business Name: _____

Account Number: _____

Private Employer Affidavit of Compliance Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6(d), stating affirmatively that _____ (name of individual, firm, or corporation) employs as follows:

1. Select an option below

- A. On January 1st of the below signed year the individual, firm, or corporation employed eleven (11) or more employees.
- B. On January 1st of the below signed year the individual, firm, or corporation employed fewer than eleven (11) employees.

If employer selected (A) please fill out Section 2 below.

- 2. **The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

E-verify number (Federal Work Authorization User Identification Number)

Date of Authorization

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 allowed by such statute.

Executed on the _____ day of _____, 20____ in _____, _____
(City) (State)

Printed Name and Title of Authorized Officer or Agent: * _____

Signature of Authorized Officer or Agent: * _____

Subscribed and sworn to before me: _____
(Notary Public)

On this the _____ day of _____, 20____ My commission expires: _____