

**11) PLEASE PROVIDE AN EXTENSIVE MODEL FOR THE PROPOSED BUSINESS:**

**THIS FORM MUST BE ATTACHED, NOTARIZED & RETURNED**

**LEGAL STATUS AFFIDAVIT**

**Please read carefully and check the appropriate box:**

- 1. If you are a United States citizen 18 years of age or older please check below.
- 2. If you are a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United State, please attach a copy of your Alien Registration Card and please check #2 below.

Pursuant of Official Code of Ga Annotated (OCGA) sec 50-36-1, verification of legal status is required for the administration of various public services/public benefits as defined in the Ga Security an Immigration Compliance Act (GSICA). Accordingly, applicants for various public benefits must certify of the following.

- 1. \_\_\_\_\_ The applicant must execute an affidavit that he or she is a United States Citizen 18 years of age or older. Or,
- 2. \_\_\_\_\_ The applicant must execute an affidavit that he or she is a qualified alien or nonimmigrant under the Federal Immigration and Nationality act 18 years of age or older lawfully present in the United States.

I, as applicant for public services/public benefits as defined in the Ga Security and Immigration Compliance Act (GSICA) certify my legal status to be in the United States of America as marked above, I understand that there may be state and or federal penalties for providing false information on the affidavit required under the GA Security and Immigration Compliance Act.

Alien Registration Number of Non-Citizens: \_\_\_\_\_

**PRIVATE EMPLOYER AFFIDAVIT Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate as referenced in O.C.G.A. § 36-60-6(d), from Henry County, Ga., the undersigned applicant representing the private employer known as \_\_\_\_\_, verifies one of the following with respect to my application for the above-mentioned document:

**1. Fill out this section if the current date is after July 1, 2013.**

(a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. E-Verify# \_\_\_\_\_

(b) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected 1(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:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

**In making the above representations 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. The granting of this business license or payment of the occupational tax does not waive the right of any federal, state or local entity to regulate & enforce all laws, ordinances & regulations. I understand it is my company's responsibility to notify the occupational tax department of any changes or closure involved with this business.**

Executed on the \_\_\_ date of \_\_\_\_\_, 202\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Applicant

NOTARY PUBLIC

\_\_\_\_\_  
Printed Name of Applicant

MY COMMISSION EXPIRES \_\_\_\_\_