Affidavit Verifying Status for City Public Benefit Application

License or Occupation Tax Certific referenced in O.C.G.A. 50-36-1, I at	th, as an applicant for a City of Lexingtor ate, Alcohol License, Taxi Permit or other m stating the following with respect to me or Georgia Occupational Tax Certificate (circle one) for	r public benefit as y application for a
[Name of natural person applying of other private entity]	n behalf of individual, business, corporati	on, partnership, or
1) I am a United St	ates citizen.	
OR		
,	nanent resident 18 years of age or older o der the Federal Immigration and National the United States.*	
willfully makes a false, fictitious, or	under oath, I understand that any person of fraudulent statement or representation in tion 16-10-20 of the Official Code of Geo	an affidavit shall
	Signature of Applicant:	Date
	Printed Name:	
	*	_
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF, 20	Alien Registration number for non-citiz	ens
Notary Public My Commission Expires:		
Title 8 U.S.C., as amended, provide the are included in the federal definition of	ires that aliens under the Federal Immigration eir alien registration number. Because legal p E"alien", legal permanent residents must also hat do not have an alien registration number r	ermanent residents provide their alien