

# U.S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath pursuant to O.C.G.A. 50-36-1(e), as an applicant for a Town of Braselton Business License, I swear or affirm under oath the following with respect to my application for a Town of Braselton Business License for:

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Business Name

**Check (X) One of the Following:**

**A** \_\_\_\_\_ I am a United States citizen and 18 years of age or older.  
*A copy of a valid and verifiable ID must be presented as part of this affidavit.*

**OR**

**B** \_\_\_\_\_ I am either a legal permanent resident of the United States or qualified alien or non-immigrant under the Federal Immigration and Nationality Act and 18 years of age or older and lawfully present in the United States of America.

Alien Registration number for non-citizens: \_\_\_\_\_ (Required)

*Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:*

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

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Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia 16-10-20

Sworn to and subscribed

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Signature of Applicant

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Print Name

Before me this \_\_\_\_ day  
Of \_\_\_\_\_, 20\_\_:

(SEAL)

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Notary Public

My Commission Expires:

**PLEASE EXECUTE THE APPLICABLE AFFIDAVIT BELOW FOR E-VERIFY COMPLIANCE. IF YOUR BUSINESS HAS ONLY ONE EMPLOYEE THEN EXECUTE THE EXEMPTION AFFIDAVIT. PER O.C.G.A. § 36-60-6(d), ALL BUSINESSES WITH MORE THAN ONE EMPLOYEE MUST PROVIDE THEIR E-VERIFY NUMBER IN ORDER TO DO BUSINESS WITH A GOVERNMENTAL ENTITY.**

*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, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:*

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

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

\_\_\_\_\_  
*Name of Private Employer*

**OR**

*Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)*

*By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has no more than one employee and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.*

\_\_\_\_\_  
*Signature of Exempt Private Employer*

\_\_\_\_\_  
*Printed Name of Exempt Private Employer*

*Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia 16-10-20*

*Sworn to and subscribed*

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

\_\_\_\_\_  
*Print Name*

*Before me this \_\_\_\_\_ day  
Of \_\_\_\_\_, 20\_\_:*

*(SEAL)*

\_\_\_\_\_  
*Notary Public*

*My Commission Expires:*