

**CITY OF BARNESVILLE**  
**S.A.V.E. Affidavit Verify Status for City Public Benefit Application**  
**or for Business Transactions with the City of Barnesville**

By executing this affidavit under oath, as an applicant for the City of Barnesville, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit 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 Barnesville, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for:

\_\_\_\_\_  
(Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity)

As a representative of \_\_\_\_\_  
(Name of business, corporation, partnership or other private entity)

Check only one:

1. \_\_\_\_\_ I am a United States citizen
2. \_\_\_\_\_ I am a legal permanent resident 18 years of age or older, please include Alien Registration Number below signature\*
3. \_\_\_\_\_ I am a 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.\*

\*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:

\_\_\_\_\_  
Number and Document Source

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	<b>NOTARIZATION REQUIRED</b> SUBSCRIBED AND SWORN BEFORE ME ON  THIS THE _____ DAY OF _____, 20__.
_____ Printed Name		

\_\_\_\_\_  
\*Alien Registration number for non-citizens

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**Return to:**  
City of Barnesville, 109 Forsyth Street, Barnesville, GA 30204

770-358-0181