



## SAVE (Systematic Alien Verification for Entitlements) Affidavit

By executing this affidavit under oath pursuant to O.C.G.A. §50-36-1(e), as an applicant for a(n):

Alcohol License                       Occupational Tax Certificate

Business Name: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Business ID #: \_\_\_\_\_

**Select one of the following:**

- 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: \_\_\_\_\_ *(required)*

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.

**A front and back copy of one of the following documents must be attached:**

- a. Drivers License issued by one of the United States
- b. U.S. Passport or passport card
- c. U.S. Military Identification card
- d. Valid Foreign Passport with (I-94), or
- e. Temporary Resident Card (I-688), or
- f. Employment Authorization Card (I-766 or I-688A), or
- g. Employment Authorization Document (I-688V), or
- h. Refugee Travel Document (I-571)

*Note: See secure and verifiable documents list as authorized by O.C.G.A 50-36-2*

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.

**Sworn to and Subscribed**

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

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

Before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

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