



**CHATHAM COUNTY**

**DEPARTMENT OF BUILDING SAFETY  
AND REGULATORY SERVICES**

P.O. Box 8161

Savannah, GA 31412-8161

912-201-4300 | Fax 912-201-4301

<http://buildingsafety.chathamcounty.org>



**Gregori S. Anderson, CBO  
Director**

**Clifford Bascombe, CBO  
Assistant Director**

**O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status  
for County Public Benefit Application**

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in **O.C.G.A. § 50-36-1**, from the Department of Building Safety and Regulatory Services, the undersigned applicant verifies **ONLY** one of the following with respect to my application for public benefit:

- 1) \_\_\_\_\_ I am a United States citizen: **or**;
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States. **or**;
- 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 \_\_\_\_\_.**  
*\*(A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK)*

The undersigned applicant also hereby verifies that he or she is 18 years 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.

**The secure and verifiable document provided with this affidavit can be classified as \_\_\_\_\_**  
*(such as: state issued driver's license, state issued identification, passport, etc.*

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.

**Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).**

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

\_\_\_\_\_  
**Date**

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

**SUBSCRIBED AND SWORN  
BEFORE ME ON THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_**

**My Commission Expires:**

\_\_\_\_\_  
**NOTARY PUBLIC**

**SEAL**