



123 West Washington Street  
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Monticello, GA 31064  
Phone- 706-468-6062 FAX- 706-468-1041

**This affidavit is required by the State of Georgia.**

**AFFIDAVIT  
O.C.G.A. § 50-36-1(e)(2)**

By executing this affidavit under oath, as an applicant for an occupational tax certificate, business license or other permit to sell, as referenced in O.C.G.A. §50-36-1, from the City of Monticello, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 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 Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is \_\_\_\_\_.

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.

The secure and verifiable document(s) provided with this affidavit can best be classified as: \_\_\_ Driver’s license \_\_\_ State ID card \_\_\_ Passport \_\_\_ Other \_\_\_\_\_

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

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

Subscribed and sworn before me on  
this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_.

Notary Public My  
commission expires: