



**Town of Mt. Airy**  
 P.O. Box 257  
 869 Dicks Hill Parkway  
 Mt. Airy, GA 30563  
 Phone: (706)778-6990  
 Fax: (706)776-3976

**Public Benefits  
 Affidavit**

By executing this affidavit under oath, as an applicant for a Town of Mt Airy, Georgia Business License or Occupational 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 Town of Mt Airy (circle one) Occupational Tax Certificate or Alcohol License, or other public benefit, I am stating the following:

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*(The name of person applying on behalf of business, corporation, partnership, or other private entity)*

As a representative of:

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*(The name of the business, corporation, partnership, or other private entity)*

- 1) \_\_\_\_\_ I am a United States citizen
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States 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\*

\* 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:

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Number and Document Source

In making the above statement 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.

**NOTARIZATION REQUIRED**

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

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Signature of Applicant

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

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Printed Name

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\*Alien Registration number for non-citizens

SEAL:

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Date