AFFIDAVIT VERIFYING STATUS FOR CITY OF CARTERSVILLE BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Cartersville, Georgia Occupation Tax Certificate, Alcohol License or other public benefits 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 Cartersville, Georgia Occupational Tax Certificate, Alcohol License or other public benefit (circle one) for

Gary James	
[Name of natural person applying on partnership, or other private entity]	behalf of individual, business, corporation,
Bartow Health Access d/b/a Tonsmeire Com	nmunity Clinic
[Name of business, corporation, partnership]
1) X I am a United States citizen	
2) X 1 am a legal permanent resolution of the vise qualified alien or non-immig Nationality Act 18 years of age or older and	sident 18 years of age or older or I am an grant under the Federal Immigration and lawfully present in the United States.*
knowingly and willfully makes a fals	er oath, I understand that any person who se, fictitious, or fraudulent statement or y of a violation of Code Section 16-10-20 of Signature of Applicant: Gary James Printed Name:
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE IMMEDIA OF March 2022 Sheele A Sunaid Notary Public My Commission Expires: 1-15-24	* Alien Registration number for non-citizens

*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:

CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with City of Cartersville has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with City of Cartersville, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Cartersville at the time the subcontractor(s) is retained to perform such service.

The undersigned Contractor is using and will continue to use the federal work authorization program throughout the contract period.

20-8092710	
EEV/Basic Pilor Program* User Identification Number	03-10-2022
BY: Authorized Officer or Agent (Contractor Name)	Date
Bartow Health Access d/b/a Tonsmeire Comm	nunity Clinic Executive Director
Contractor/Entity Name	Title of Authorized Officer or Agent of Contractor
31 Pointe North Drive Cartersville, Ga. 30120	
Contractor Address	
Gary James	
Printed Name of Authorized Officer or Agent	1400
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE IL HADAY OF March Notary Public My Commission Expires: 1–15–240	LA A SIZIARD AND AND AND AND AND AND AND AND AND AN

^{*} As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).