

JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division

1801 19th Street, Golden CO 80401

(303) 271-5700

<http://health.jeffco.us>

C.R.S., 24-76.5-101, "Restrictions on Public Benefits" became effective August 1, 2006, and requires "each agency or political subdivision of the state" to verify the lawful presence in the United States of every applicant for a license or certification from the Department.

INSTRUCTIONS

If your business is a **CORPORATION, PARTNERSHIP, or any other entity besides a sole proprietorship**, please complete the statement on PAGE 2 and return it along with the application for your license or certification. No additional documents are necessary.

If you are an **OWNER or SOLE PROPRIETOR** you are subject to the verification requirements of this law. To comply you must:

1. **COMPLETE AND SIGN** the affidavit on PAGE 1
2. **ATTACH** a notarized copy of any of the following:
 - A valid Colorado driver's license or a Colorado identification card;
 - A United States military card or a military dependent's identification card;
 - A United States Coast Guard Merchant Mariner card;
 - A Native American Tribal Document,

In addition to the above, the following documents will also be accepted:

- Certificate verifying naturalized status issued by an authorized agency of the United States bearing Applicant's intact photograph impressed with the raised embossed seal of the issuing agency;
- Certificate verifying United States citizenship issued by an authorized agency of the United States bearing Applicant's intact photograph impressed with the raised embossed seal of the issuing agency;
- Valid driver's license or identification card bearing Applicant's photograph issued by one of the following (all states are not listed here; only those that verify lawful presence): *Alabama, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia, and Wyoming;*
- Valid immigration documents demonstrating Lawful Presence and verified through the Systematic Alien Verification for Entitlements, administered by the United States Citizenship and Immigration Services of the Department of Homeland Security. Valid immigration documents are as follows:
 - *Unexpired Foreign Passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa.*
 - *Unexpired Foreign Passport accompanied by an "I-94" indicating a specific future "until" date.*
 - *"I-94" with refugee or asylum status.*
 - *Unexpired "Resident Alien" card, "Permanent Resident" card, "Temporary Resident" card, or "Employment Authorization" card.*

FEE: **There is no fee for this service.**

CONTACTS:	Jeanne Blake	303 271-5757	(food licenses)
		jblake@jeffco.us	
	Linda Jones	303 271-5756	(wastewater licenses)
		joneslj@jeffco.us	

AFFIDAVIT – RESTRICTION ON PUBLIC BENEFITS

Firm's Legal Name: _____

Firm's Site Address: _____

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I am a sole proprietor of a business and have applied for a public benefit in the form of a license or certification. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Applicant signature _____ Date: _____

* * * * **FOR DEPARTMENT USE ONLY** * * * *

In addition to signing the affidavit, the above named applicant either provided a certified or notarized copy of the following document, or produced the original document (check one):

- Valid Colorado Driver's License or a Colorado Identification Card, issued pursuant to Article 2 of Title 42, C.R.S., or other state as currently approved; or
- United States Military Card or a Military Dependent's Identification Card; or
- United States Coast Guard Merchant Mariner Card; or
- Native American Tribal Document
- Approved certificate of citizenship or naturalized status
- Other documents shown on the instruction page

A photocopy of the document is attached.

Environmental Health Services Division staff

Date

STATEMENT REGARDING TYPE OF BUSINESS

Firm's Legal Name: _____

Firm's Site Address: _____

On behalf of the company, firm or entity shown above, I am applying for a public benefit in the form of a license or certification from the State of Colorado. The above company, firm or entity is **NOT** a sole proprietorship and that the entity is instead a foreign or domestic:

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> "S" Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Limited Liability Limited Partnership | |
| <input type="checkbox"/> Association | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Non-profit 501(c)(3) | <input type="checkbox"/> Other non-profit |
| <input type="checkbox"/> Joint venture | <input type="checkbox"/> Government |
| <input type="checkbox"/> Other (specify) _____ | |

I acknowledge that making a false, fictitious or fraudulent statement or representation to obtain a public benefit (license or certification) may be punishable under the criminal laws of Colorado.

Applicant signature _____ Date: _____