



Est. Number: _____

Est. Name: _____

**AFFIDAVIT OF CITIZENSHIP/LAWFUL PRESENCE
For a License**

Required for renewal of retail food establishment licenses for all *individuals and sole proprietors only*.

I, _____, swear or affirm under penalty of perjury under the laws
(Name of individual or sole proprietor)

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.

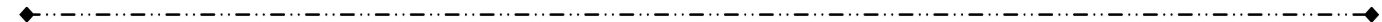
I understand that this sworn statement is required by law because I have applied for a license through Tri-County Health Department. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge 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. **I am making this statement and representation to Tri-County Health Department as it applies to this license application and all subsequent renewals of this license. I acknowledge that Tri-County Health Department will rely upon the truthfulness of this affidavit as it applies to this license application and all subsequent renewals of this license application.**

“You must include a notarized copy of a government issued photo ID with this affidavit”

If you have any questions, please call (720) 200-1670

Signature

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Date



For Tri-County Staff Use:

Identification verified by:

- Government issued photo ID provided in person (copy/digital photo made by TCHD staff and attached **for renewals hand-delivered to a TCHD office only**)
- Notarized copy/digital photo of government issued photo ID provided (**copy attached – required for all mail-in license renewals**)

TCHD Staff Signature

_____/_____/_____
Date

TCHD Staff – Printed Name

Employee Number