Private Employer / E-Verify Affidavit

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Number of Employees: _____ (2part-time = 1full-time)

Section 1. Please check only one:

(A)_____ On January 1st of the below signed year, the individual, firm, or corporation employed **more than ten (10) employees.**

(B)_____ On January 1st of the bellowed signed year, the individual, firm, or corporation employed **less than ten (10) employees.**

****If you select A, please complete Section 2 and the execute below. If you select B, please skip Section 2 and execute below. ****

Section 2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows.

_____ _____

E-Verify Number — Date of Authorization

(Federal Work Authorization User Identification Number)

** _____ - Identification type and number if E-Verify is not applicable. **

THIS FORM MUST BE NOTARIZED

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ of _____, 20_____ in _____, _____

Day Month Year City State

_____

Name of Business

_____

Signature of Authorized Officer or Agent

_____

Printed name and Title of Authorized Officer or Agent

NOTARY PUBLIC:

SUBSCIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20 ____

SIGNATURE/ SEAL _____

My commission Expires: ____ - ____ - 20 ____