



**BUSINESS LICENSE / OCCUPATION TAX CERTIFICATE
PRIVATE EMPLOYER AFFIDAVIT
O.C.G.A. § 36-60-6(d)**

Affidavit must be notarized prior to being submitted to the Business License Division.

By executing this affidavit under oath, as an applicant for a(n) business license/occupation tax certificate as referenced in O.C.G.A. § 36-60-6(d), from the City of Marietta, Georgia, the undersigned applicant representing the private employer known as

_____ (business name)
verifies one of the following with respect to my application for the above-mentioned document:

1. Check box (a) or (b) below
 - a) _____ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10) employees**.
*** If you select 1(a), please fill out number 2 and then execute below.
 - b) _____ On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or fewer employees**.
*** If you select 1(b), please skip number 2 and execute below.
2. By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. **Furthermore, the undersigned private employer hereby attests that its federal work authorization company identification number (not federal employer identification number) and date of authorization are as follows:**

Federal Work Authorization Company Identification Number

Date of Authorization

In making the above representation 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, and face criminal penalties allowed by such statute.

Executed on the _____ day of _____, 20 _____ in _____ (City), _____ (State)

Signature of Authorized Officer or Agent of Company

Printed Name of and Title of Authorized Officer or Agent

For notary use only

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ day of _____, 20 _____

NOTARY PUBLIC
My Commission Expires: _____