

## Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) business license/occupation tax certificate as reference 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 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **more than ten (10)** employees.
  - b) [ ] On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **ten (10) or fewer** employees.

**\*\*\*If the employer checked box (a) must fill out Section 2 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 \_\_\_\_\_, 202\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Authorized Officer or Agent of Company

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission Expires:  
  
\_\_\_\_\_