

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 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

_____ [*printed name of private employer i.e. 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.**

(b) On January 1st 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 _____, 201__ 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 _____, 201__.

NOTARY PUBLIC

My Commission Expires:
