



E-Verify and Private Employer Affidavit

PURSUANT TO O.C.G.A §36-60-6(d)

THIS AFFIDAVIT MUST BE NOTARIZED

The e-verify private employer affidavit must be collected when applying for occupational tax certificates and alcohol licenses. If you are a business with more than 10 employees, The City of Garden City will not issue your license unless you are registered with and use the E-Verify program. If you have not registered with E-Verify, you can find the information at www.uscis.gov.

By executing this affidavit under oath, as an applicant for (circle one) an **Occupational Tax Certificate** or **Alcohol License**, referenced in O.C.G.A. § 36-60-6(d), from the **City of Garden City, Georgia**, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application for the above mentioned document.

Printed Name of Private Employer (Business Name): _____

Section 1: Please select **ONE** of the following:

___ Employs more than ten (10) employees (total employees for Individual, Firm or Corporation). **Please complete section 2 below and sign/notarize at the bottom.**

___ Employs ten (10) or fewer employees (Individual, Firm or Corporation). **Do not complete Section 2. Please sign/notarize at the bottom.**

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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User 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 as allowed by such statute.

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

Executed on _____, _____, 20____ in _____ (City) _____ (State)

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

Printed Title of Authorized Officer or Agent

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

NOTARY PUBLIC

MY COMMISSION EXPIRES