E-VERIFY PRIVATE EMPLOYER AFFIDAVIT

By executing this affidavit under oath as an applicant for a(n) _____ [Occupational Tax Certificate, Alcoholic Beverage license or any other document required to operate a business] as referenced in O.C.G.A. 36-60-6(d), the undersigned applicant representing the private employer known as _____(printed name of private employer) verifies that the company has:

Please check one of the following. You will only choose ONE (1)

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

OR

2) ____ On January 1, of the below-signed year, the individual, firm or corporation employed **ten (10) or less employees.**

OR

3) ____ No changes have been made since my **last renewal**. My E-Verify number has not changed and affidavit is on file.

If you selected Option 1, please fill out the next section Federal Work Authorization User Identification Number (E-Verify #)

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 (E-Verify #) 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 on affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties allowed by such statute.

SAVE PUBLIC BENEFIT AFFIDAVIT

By executing this affidavit under oath, as an applicant for a(n) _____ [Occupational Tax Certificate, Alcoholic Beverage license or any other Public Benefit] as referenced in O.C.G.A. Section 50-36-1, from City of Cornelia the undersigned applicant _____(print name here) verifies **ONE** of the following in reference to my application for a public benefit.

Please check one of the following. You will only choose ONE (1)

If you selected Option **1** and have submitted documentation with your previous renewal, you do not have to resubmit documentation again.

1) ___ I am a United States Citizen**.**
You were born in the United States or have become a naturalized Citizen

OR

2) ___ I am a legal permanent resident of the United States
(You have been granted authorization to live and work in the United States on a permanent basis).

OR

3) ___ I am a qualified alien or non-immigrant under the federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal agency. My alien number is _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has furnished at least one verifiable and secure document, as required by O.C.G.A. 50-36-1(f) (A) with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____

Please complete this form by signing and dating the bottom. If required, do so in the presence of a Notary Public and have them affix their seal and signature.

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 on affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties allowed by such criminal statute. Executed on the ____ date of _____, 20 ___ in _____(city), _____(state).

_____
SIGNATURE OF AUTHORIZED PRIVATE EMPLOYER

_____
PRINTED NAME AND TITLE OF AUTHORIZED PRIVATE EMPLOYER

SUBSCRIBED AND SWORN BEFORE ME

ON THIS _____ DAY OF _____, 20____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____