

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) Occupational Tax Certificate [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from City of Summerville, GA [name of county or municipal corporation], the undersigned applicant representing the private employer known as _____ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. **Only fill out this section if the current date is on or before June 30, 2013. Select Only One.**
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. *If the employer selected 1(a) please fill out Section 3 below.*
 - (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

2. **Only fill out this section if the current date is on or after July 1, 2013. Select Only One.**
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected 2(a) please fill out Section 3 below.*
 - (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

3. **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 allowed by such statute.

Executed on the ___ date of _____, 201___ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

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:

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from The City of Summerville, Georgia entity], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 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 immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

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

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

_____.

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 criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires: