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 Metter*** [*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:

* ***If the employer selects 1(a), more than 10 employees, please fill out E-verify information in Section 2 . If 1(b) is selected, skip Section 2, date, sign, print and notarize below.***

1. Select either (a) or (b) in the following:

(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.

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 ID Number (**E-verify #**) Date of Authorization

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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 _____, 20____ 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 _____, 20____.

_____
NOTARY PUBLIC

My Commission Expires:

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