



E-Verify Private Employer Affidavit O.C.G.A. § 36-60-6(d)

The e-verify private employer affidavit must be collected when applying for occupational tax certificates, business licenses and alcohol licenses. The City of Stonecrest will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

By executing this affidavit under oath, as an applicant for a _____ (Occupational Tax Certificate, Business License, Alcohol License or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Stonecrest, 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 business document:

1. Choose ONE of the following:

- (A) _____ On January 1st of the below signed year the individual, firm, or corporation employed **more than 11 employees**. If the employer selected (A) please fill out section 2 below.
- (B) _____ On January 1st of the below signed year the individual, firm, or corporation employed **11 or fewer employees**. If the employer selected (B) section 2 is not required.

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:

E-Verify # 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 of 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.

THIS FORM MUST BE NOTARIZED AND SIGNED

Signature of Authorized Officer or Agent	Printed Name/Title of Authorized Officer or Agent	Date

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

Executed in _____ (City), _____ (State) _____

NOTARY PUBLIC	Signature	My Commission Expires
---------------	-----------	-----------------------