



**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 Business) 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 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **more than 10 employees**. If the employer selected (A) please fill out section 2 below.
- (B) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **10 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:**

<b>E-Verify # User Identification Number</b>	<b>Date of Authorization</b>
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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 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

<b>Applicant Printed Name</b>	<b>Signature of Applicant</b>	<b>Date</b>
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SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

NOTARY PUBLIC Signature	My Commission Expires
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