

CITY OF CALHOUN

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A § 36-60-6(d)

THIS AFFIDAVIT MUST BE NOTORIZED

By executing this affidavit under oath, as an applicant for a Business Occupation License as referenced in O.C.G.A. § 36-60-6(d), from the **City of Calhoun Georgia**, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application for the above mentioned document.

Printed Name of Private Employer: _____

Section 1: Please select ONE of the following:

- Employs more than ten (10) employees (total employees for Individual, Firm or Corporation). **Please complete section 2 below and sign/notarize at the bottom.**
- Employs ten (10) or fewer employees (Individual, Firm, or Corporation). **Do not complete Section 2. Please sign/notarize at the bottom.**

Section 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 # _____
(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.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ in _____ (City) _____(State)

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

Printed Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires