

By executing this affidavit under oath, as an applicant for the City of Calhoun, Georgia Business License as referenced in O.C.G.A. § 50-36-1, from the undersigned applicant verifies one of the following with respect to my application for public benefit:

1. _____ I am a United State citizen
2. _____ I am a legal permanent resident of the United States
3. _____ I am a qualified alien or non-immigrant under Federal Immigration and Nationally Act with an alien number issued by the Department of Homeland Security or other federal immigration.

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 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.

A copy of your driver's license must be attached is number 1 is checked:

A copy of one of the following cards must be attached if numbers 2 or 3 are checked:

Permanent Resident, Employment Authorization Document, US Passport, US military ID, or a Certificate of Citizenship. 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.

Signature of Applicant: _____ Date: _____

Printed Name: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____ NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

City of Calhoun

Private Employer E-verify affidavit

**** THIS FORM IS REQUIRED BY STATE LAW ****

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:

___ **Employs more than ten (10) employees Please complete section 2 below and sign/notarize at the bottom**

___ **Employs ten (10) or fewer employees 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 ID number)

_____ Date of Authorization

Signature of Authorized Officer or Agent

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

Printed Name of and Title of Authorized Officer or Agent

NOTARY PUBLIC

My Commission Expires: _____