



CITY OF DAHLONEGA

PRIVATE EMPLOYER E-VERIFY AFFIDAVIT

Under Georgia Law, employers must register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information please visit www.uscis.gov/everify. The City of Dahlonega 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 business occupation tax certificate as referenced in O.C.G.A. § 36-60-6(d), from the City of Dahlonega, the undersigned applicant representing the private employer known as _____ [printed name of private employer – individual, firm or corporation] verifies one of the following with respect to my application for a business occupation tax certificate:

- (A) _____ **11 or more employees**
You must provide the Federal Work Authorization number. This document must be completed, notarized and returned with the business occupation tax application/renewal.

PLEASE PROVIDE THE BELOW INFORMATION:

Employment Verification (E-Verify) Number (4 - 6 digits)

Date of Authorization

- (B) _____ **10 or fewer employees – automatically exempt from participation in E-Verify program.**
This document must be notarized and returned with the business occupation tax application/renewal.

Furthermore, I, as the applicant, affirmatively state that (unless exempt) 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. § 13-10-90.

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 ____ day of _____, 20__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

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

Printed Name of and Title of Authorized Officer or Agent

NOTARY PUBLIC
My Commission Expires: _____