

Business Name \_\_\_\_\_

Avenu Account Number: \_\_\_\_\_



# CITY OF RICHMOND HILL-PRIVATE EMPLOYER AFFIDAVIT

## **\*\*REQUIRED\*\***

Pursuant to O.C.G.A. § 36-60-6(d), by executing this affidavit under oath, as an applicant for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Richmond Hill, the undersigned applicant representing the private employer, verifies one of the following with respect to the application for the above mentioned documents:

**1. Fill out this section after December 1, 2013.**

- a) \_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- b) \_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected (a) please fill out section 2 below. This is not your Federal Tax ID Number (EIN).*

**2. The employer has registered with and utilizes the federal work authorization program, also known as E-Verify, 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 it's federal work authorization user identification number and date of authorization are listed below:**

\_\_\_\_\_  
**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 statement, 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 by such statute.

Executed on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
**Signature of Authorized Officer or Agent**

\_\_\_\_\_  
**Business Name**

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

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

\_\_\_\_\_  
**NOTARY PUBLIC**

\_\_\_\_\_  
**My Commission Expires**