2665 Buford Hwy
Atlanta, GA 30324
Main 404-637-0500
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Brookhaven, GA | Official Website

E-Verify Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

This affidavit is required by Georgia State Law

By executing this affidavit under oath as referenced in O.C.G.A. § 36-60-6(d), the undersigned applicant for a Business License from the City of Brookhaven, Georgia, representing the private employer known as

_____[*printed name of private employer*],
verifies the following with respect to my application for a Business License:

❑ 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 **ten (10) or fewer employees**.

If the applicant selected (a), please fill out below section.

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:

_____ _____
Federal Work Authorization User Identification Number (not the FEIN 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.

_____ _____
Signature of Applicant *Date*

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE_____DAY OF_____, 20 _____

_____ My commission expires: _____
Notary Public Signature *Notary Stamp*