E2. Private Employer and Public Benefit Affidavit

By executing this affidavit under oath, as an applicant for an OccupationTax Certificate or other Public Benefit as referenced in O.C.G.A. § 36-60-6(d) and O.C.G.A. § 50-36-1(e)2, from the City of Eatonton, the undersigned applicant represents a private employer as indicated below:
NAME OF BUSINESS:

1.I verify the following with respect to my application to supply services/products to the public:

On January 1st of below signed year, we employed **more than 10 employees**

◯ Yes (fill in section 2. below)

◯ No

2. I (employer) have registered with and utilize the federal work authorization program (E-verify) in accordance with applicable provisions and deadlines established in O.C.G.A §36-60-6(a). We also attest that the federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User ID Number

Date of Authorization

3. With respect to my application for the public benefit, I verify one of the following options:

Choose One Option

◯ I am a United Stated Citizen

◯ I am a legal permanent resident

◯ I am a qualified alien or non-immigrant under the Federal & Nationality Act with an alien number issued by the Dept of Homeland Security or other Federal immigration agency.

Alien number

I verify that I am 18 years of age or older and I have provided a copy of at least one secure and verifiable document as required by law (O.C.G.A § 50-36-1(e)(1), which can best be classified as follows:

Name(s) of documents (copies) supplied:; see list of secure and verifiable documents on web site.

This affidavit is executed in the City of Eatonton, State of Georgia.

Applicant Signature (manual)

Printed Name of Applicant

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

NOTARY PUBLIC SIGNATURE & SEAL

My Commission Expires on: