



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

The e-verify private employer affidavit must be collected when applying for occupational tax certificates, business licenses and alcohol licenses. The City of Norcross 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 (Occupational Tax Certificate, Business License, Alcohol License or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Norcross, the undersigned applicant representing the private employer known as (Printed Name of Private Employer) verifies one of the following with respect to my application for the above mentioned business document:

1. Choose ONE of the following:

- (A) On January 1st of the below signed year the individual, firm, or corporation employed ten or more employees. If the employer selected (A) please fill out section 2 below.
(B) On January 1st of the below signed year the individual, firm, or corporation employed nine or less employees. If the employer selected (A) please fill out section 2 below.

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 # 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, fictitious, or fraudulent statement of 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.

THIS FORM MUST BE NOTARIZED AND SIGNED

Signature of Authorized Officer or Agent Printed Name/Title of Authorized Officer or Agent Date

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

Executed in (City), (State)

NOTARY PUBLIC Signature My Commission Expires