

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

By executing this affidavit under oath, as an applicant for a(n) *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 City of Jasper [*name of county or municipal corporation*], 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 document:

1. Fill out this section between January 1, 2017, and June 30, 2017.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

If the employer selected 1(a) please fill out Section 4 below.

2. Fill out this section between July 1, 2017, and June 30, 2018.

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2017.

(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 3(a) please fill out Section 4 below.

4. 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 (if have more than 10 Employees)

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.

Executed on the ___ date of _____, 2017 in (City) Jasper, Georgia (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 2017.

NOTARY PUBLIC
My Commission Expires