

# City of Gainesville

## Private Employer E-Verify Affidavit

Under Georgia Law, employers must now register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information please visit [www.uscis.gov/everify](http://www.uscis.gov/everify). The CITY OF GAINESVILLE 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(n)

\_\_\_\_\_ [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 GAINESVILLE, the undersigned applicant representing the private employer known as

\_\_\_\_\_ [printed name of private employer – individual, firm or corporation] verifies one of the following with respect to my application for the above mentioned business document:

- (A) \_\_\_\_\_ **11 or more employees**  
You must provide the Federal Work Authorization number. This document must be completed, notarized and returned with the business occupation tax renewal.

PLEASE PROVIDE THE BELOW INFORMATION:

\_\_\_\_\_ Federal Work Authorization User Identification Number

\_\_\_\_\_ Date of Authorization

- (B) \_\_\_\_\_ **10 or fewer employees – automatically exempt from participation in E-Verify program.**  
This document must be notarized and returned with the business occupation tax renewal.

Furthermore, I, as the applicant, affirmatively state that 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. § 13-10-90.

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 \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

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

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_