

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

By executing this affidavit under oath, as an applicant for a Business License as referenced in O.C.G.A. §36-60-6(d), from the TOWN OF BROOKS, GA, the undersigned applicant, representing the private employer known as _____ verifies one of the following with respect to my application for the above mentioned document:

• **Select Only One of the following:**

(a) _____ On January 1st of 2022 the individual, firm, or corporation employed more than ten (10) employees. *If 1(a) selected, please complete Section 2 below.*

(b) _____ On January 1st 2022 the individual, firm, or corporation employed ten or less than ten (10) employees. *If 1(b) selected, skip Section 2 below.*

2. *(If you selected 1(a) above, complete this Section 2 providing the requested information.)*

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

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 _____, 20___ in _____ (city), Georgia.

Signature of Authorized Officer or Agent
Print Name: _____
Print Title: _____

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

NOTARY PUBLIC
My Commission Expires:

Affidavit Pursuant to O.C.G.A. §50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a Business License, as referenced in O.C.G.A. §50-36-1, from the TOWN OF BROOKS, GA, the undersigned applicant verifies one of the following with respect to his/her application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

[List and attach copy of verifiable document such as U.S. Driver’s License, Passport, Military Identification Card, etc.]
[For a listing of verifiable documents approved by GA Attorney General, please contact Town Mngr. at 770-719-7666]

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 as allowed by such criminal statute.

Executed on the ___ date of _____, 20___ in _____ (city), Georgia.

Signature of Authorized Officer or Agent
Print Name: _____
Print Title: _____

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

NOTARY PUBLIC
My Commission Expires: