



The e-verify private employer affidavit must be collected when applying for occupational tax certificates, and alcohol licenses. The city of Duluth will not issue your license unless you are registered with and use the E-Verify program. If you have not registered with E-verify, you can find the information at www.uscis.gov. 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 Duluth, 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.

Choose one of the following in Section 1:

Section 1

On January 1st of the below signed year the individual, firm, or corporation employed more than ten employees. If the employer selected (A), complete section 2 below.

On January 1st of the below signed year the individual, firm, or corporation employed less than ten employees. If the employer selected (B) provide driver's license number in section 2.

Section 2

The employer has registered with and utilized the federal work authorization program in accordance with the applicable provisions and deadlines in O.C.G.A § 36-60-6 (e). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below.

Federal Work Authentication Number or Driver's License Number:		Date of Authentication:	
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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.

NOTARY:

I, _____ (representative for) _____
(Printed NAME of individual and natural person) (Name of BUSINESS, corporation, partnership, etc.)

Signature of Applicant

Date

Sworn To and Subscribed Before Me

This _____ Day of _____, 20____.

Notary Public Signature

My Commission Expires