

SAVE FORM

**CITY OF ATLANTA AFFIDAVIT
O.C.G.A. § 50-36-1(E)(2) AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT
SUBMITTED TO DEPARTMENT OF FINANCE -OFFICE OF REVENUE**

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from the **City of Atlanta, Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>
- 2) _____ I am a legal permanent resident of the United States. **
Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>
- 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.**
Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

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:

_____.

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 in _____ (City), _____ (State).

Signature of Applicant Date

Printed Name of Applicant

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

NAME OF BUSINESS: _____

BUSINESS LICENSE ACCT NO.: _____

SALES TAX ID NO.: _____

(Only if Applicable)

NOTARY PUBLIC /SEAL

My Commission Expires: _____

E-VERIFY FORM

**CITY OF ATLANTA AFFIDAVIT
O.C.G.A. § 36-60-6(d) E-VERIFY PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE
SUBMITTED TO DEPARTMENT OF FINANCE -OFFICE OF REVENUE**

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate
[Occupational Tax Certificate, 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 Atlanta, Georgia**, 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, 2012, and June 30, 2012.
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than five hundred (500) 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, 2012, and June 30, 2013.
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than one hundred (100) 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, 2013.
 - (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. § 13-10-90. 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

BUSINESS ACCOUNT NO.

Date of Authorization

SALES TAX ID NO. (Only if Applicable)

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 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/SEAL

My Commission Expires: _____