



PRIVATE EMPLOYER 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 uscis.gov/everify. The City of Norcross 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) _____ 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 Norcross, the undersigned applicant representing the private employer known as _____ verifies one of the following with respect to my application for

Printed Name of Private Employer – Individual, Firm or Corporation

the above mentioned business document:

1. Choose ONE of the following:

- (A) _____ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10) employees. If the employer selected (A) please fill out section 2 below.**
- (B) _____ On January 1st of the below signed year the individual, firm, or corporation employed **less than ten (10) employees.**

- 2. 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

TO DETERMINE THE NUMBER OF EMPLOYEES FOR PURPOSES OF THIS AFFIDAVIT, A BUSINESS MUST COUNT ITS TOTAL NUMBER OF EMPLOYEES COMPANY-WIDE, REGARDLESS OF THE CITY, STATE, OR COUNTRY IN WHICH THEY ARE BASED, WORKING AT LEAST 35 HOURS A WEEK.

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.

THIS FORM MUST BE NOTARIZED AND SIGNED

Signature of Authorized Officer or Agent

Printed Name/Title of Authorized Officer or Agent

Date

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

Executed in _____ (City), _____ (State)

NOTARY PUBLIC Signature

My Commission Expires