

**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:

**1. Select Only One of the following:**

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of 2015 the individual, firm, or corporation employed more than ten (10) employees. *If 1(a) selected, please complete Section 2 below.*
- (b) \_\_\_\_\_ On January 1<sup>st</sup> 2015 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

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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 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 Clerk 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\_\_.

\_\_\_\_\_

FORM A

NOTARY PUBLIC

My Commission Expires: