



## E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT

The E-Verify Private Employer Affidavit must be collected when applying for occupational tax certificates, and alcohol licenses. The City of Dacula 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](http://www.uscis.gov). By executing this affidavit under oath, as an applicant for an \_\_\_\_\_ (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 Dacula, the undersigned applicant representing the private employer known as \_\_\_\_\_ (Printed Name of Private Employer) verifies on of the following with respect to my application for the above mentioned business document.

Choose one of the following in Section 1:

### Section 1:

- A.) ☐ On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed more than ten (10) employees. **If the employer selected (A) complete Section 2 below.**
- B.) ☐ On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed less than ten (10) employees. **No E-Verify registration is required. Indicate N/A 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 Authorization User Identification Number or N/A

\_\_\_\_\_  
Date of Authorization

**In making the above representation under oath, I understand that any person who knowingly and willfully makes 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.**

Completed by Notary:

I, \_\_\_\_\_ (representative for) \_\_\_\_\_  
(Printed name of individual/natural person) (Title of Authorized Officer or Agent)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

Notary public signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_