



CITY CLERK
151 WILLOWBEND ROAD
PEACHTREE CITY, GA 30269
PHONE: 770-487-7657
FAX: 770-631-2505
WWW.PEACHTREE-CITY.ORG

2014 Calendar Year
Affidavit Verifying Status for
City Public Benefit Application

By executing this affidavit under oath, as an applicant/representative, for a City of Peachtree City, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Peachtree City Occupational Tax Certificate, Alcohol License or other public benefit

Company Name: _____

Applicant Name: _____

CHOOSE ONLY ONE:

- 1) I am a United States citizen
2) I am a legal permanent resident* of the United States 18 years of age or older, please include Alien Registration Number here:
3) I am a qualified alien or non-immigrant* under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. Please record identifying number here:

* O.C.G.A. § 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number.

In making the above statement 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 OCGA Section 16-10-20, and face criminal penalties allowed by such statute.

NOTARIZATION REQUIRED:

Signature of Applicant/Representative
(MUST be signed in front of Notary)

Date of Birth

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

Printed Name

Date

Notary Public

Contact Phone:

My Commission Expires:

E-Verify

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a Peachtree City (check one):

Occupational Tax Certificate


Alcoholic Beverage License

Company Name: _____

Applicant Name: _____

verifies one of the following with respect to the application for the above mentioned document:

Fill out this section:

1. _____ On January 1st of the below signed year the individual, firm, or corporation employed **LESS** than ten (10) employees
2. _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. ***** please fill out this section**  ****we must have this number if you have 10 or more employees****

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:



_____ E-Verify Identification Number

_____ Date of Authorization

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 Peachtree City, Georgia.

Signature of Applicant/Representative

Printed Name and Title of Authorized Agent

Contact Phone Number

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

Notary Public
My Commission Expires: _____