



**City of Ball Ground
E-Verify and Private Employer Affidavit
O.C.G.A. §36-60-6(d)**

The e-verify private employer affidavit must be collected when applying for occupational tax certificates, and alcohol licenses. The City of Ball Ground 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.

By executing this affidavit under oath, as an applicant for a _____ (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 Ball Ground, 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 business document:

- 1. Choose ONE of the following:

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

_____ On January 1st of the below signed year, the individual, firm, or corporation employed fewer 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. PLEASE NOTE.....THIS IS NOT YOUR FEDERAL EMPLOYER IDENTIFICATION NUMBER.

_____ Federal Work Authorization Use Identification Number or DL 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 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 _____,

_____ Notary Public

_____ My Commission Expires