

BUSINESS NAME: _____

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

By executing this affidavit under oath, as an applicant for Occupational Tax (Business License), as referenced in O.C.G.A. § 36-60-6(d), from the City of Springfield, the undersigned applicant representing the private employer known as _____

(Name of the business, individual, firm, or corporation)

Verifies one of the following with respect to application for Occupational Tax (Business License):

1. Select one option below:

A. ___ On January 1st of the below signed year the business, individual, firm, or corporation employed ten (10) or more employees.

B. ___ On January 1st of the below signed year the business, individual, firm, or corporation employed fewer than ten (10) employees.

IF EMPLOYER SELECTED OPTION "A" PLEASE FILL OUT SECTION 2 BELOW.

2. The employer has registered with and utilizes and 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 Number (Federal Work Authorization User 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 _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer of Agent

Subscribed and sworn before me on this ____ day of _____, 20____.

Notary Public

My Commission Expires

For more information on E-verify:
www.dhs.gov/E-verify

****Note** A Notary located at the City of Springfield will notarize this Affidavit for you, at no charge, so long as you provide your photo identification and sign this Affidavit in front of the notary.**

O.C.G.A. § 50-36-1-(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for an Occupation Tax Certificate (Business License), as referenced in O.C.G.A. § 50-36-1, from the City of Springfield, the undersigned applicant verifies one of the following with respect to my 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: _____

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 in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

Subscribed and Sworn Before Me on this the _____ day of _____, 20____

Notary Public

My Commission Expires: _____

****Note** A Notary located at the City of Springfield will notarize this Affidavit for you, at no charge, so long as you provide your photo identification and sign this Affidavit in front of the notary.**



SPRINGFIELD POLICE DEPARTMENT

Emergency Contact Numbers

NAME OF BUSINESS _____

BUSINESS LOCATION _____

BUSINESS PHONE NUMBER _____

OWNER OF BUSINESS _____

HOME PHONE _____

HOME ADDRESS _____

DO YOU HAVE AN ALARM SYSTEM? (Circle Answer) YES NO

NAME OF ALARM COMPANY _____

NAME AND PHONE NUMBER OF FIRST PERSON TO CONTACT _____

NAME AND PHONE NUMBER OF SECOND PERSON TO CONTACT _____

*****PLEASE PRINT & FILL OUT COMPLETELY*****