E-VERIFY AFFIDAVIT CITY OF BUTLER

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

By execu	iting this affic	davit under oath, as an ap	plicant for a(n)				
(busines	s license, oc	cupational tax certificate,	or other required	d to operat	e a business) as referenced in O.C.G.A. 3	6-60-6(d),	
from the	City of Butle	er, the undersigned applic	cant representing	g the priva	te employer known as		
**************************************			(printed na	me of priv	ate employer) verifies one of the following	with respect	
to my ap	plication for t	he above mentioned doc	ument:				
1.		On January 1 st of th			ndividual, firm or corporation employed mor	e than ten (10) emplo	yees.
	(b)On January 1st of the below signed year the individual, firm or corporation employed ten (10) or fewer employees.						
2.	provision	s and deadlines establi	shed in O.C.G.	A. 36-60-6	work authorization program in accordar (a). The undersigned private employer a f authorization are as listed below:	nce with applicable also attests that its fo	ederal
Federal		orization User Identifica ID/E-Verify Number)	tion Number		Date of Authorization		
In makin statement statute.	ng the above nt or represe	representation under oat ntation in an affidavit sha	h, I understand Il be guilty of a	that any pe violation of	erson who knowingly and willfully makes a f O.C.G.A. 16-10-20, and face criminal pena	alse, ficticious, or frac alties allowed by such	ıdulent
Execute	d on the	date of	, 20	in	(City)	(State)	
** **	gar an a farancia de la companya de						
Signatu	re of Autho	rized Officer or Agent			Printed Name of and Title of Author	ized Officer or Agen	it
SUBSC	RIBED AND	SWORN BEFORE ME C	ON THIS THE				
	DAY OF		, 20				
NOTAR	RY PUBLIC	tanori manana tanona ara-		_			

My Commission Expires: ___