## SAVE AFFIDAVIT - Affidavit Verifying Status for City Public Benefit Pursuant to O.C.G.A. § 50-36-1 (E)(2)

(Check all that	this affidavit under oath, as tapply) [type of public ber Occupational Tax	nefit]	Peddler's Pe	venit	Regulatory Fee	
	_				erifies one of the following with	respect to my application
for a public be		on the <u>City of Buoling</u> G	<u>nri,</u> the undersigned	applicant ve	Affice one of the following with	respect to my approacion
1)	I am a United States citize	n.				
2)	I am a legal permanent res	ident of the United States	s.			
3)		on-immigrant under the For other federal immigrati		and Nationa	lity Act with an alien number iss	ued by the Department of
My alien numl	ber issued by the Departme	ent of Homeland Security	or other federal im	migration ag	ency is:	·
	ed applicant also hereby v C.G.A. §50-36-1(e) (1), w		18 years of age or	older and has	s provided at least one secure and	d verifiable document, as
The secure and	d verifiable document prov	ided with this affidavit ca	an best be classified	as:		
unless the san Verifiable Doo	ne individual signed and	submitted secure and v ttp://etax.dor.ga.gov/ctr/2	verifiable documen 2013 Secure and V	t previously ertifiable_Do	avit such as a copy of driver's li and copy already on file. A co cument Listing.pdf or on the Ge ff.	omplete list of Secure and
	E-VERIFY AFF	IDAVAIT PRIVA	TE EMPLOYER	<u>AFFIDAVIT</u>	PURSUANT to O.C.G.A. § 36	<u>-60-6(d)</u>
required to ope		nced in O.C.G.A. § 36-60 iness)	0-6(d), from <u>City of</u>		al Tax [occupational tax certification of the undersigned applicant representation of the undersigned applican	
<u>Section 1</u> Please check (	only one:					
(A)	On January 1	st of the below-signed year	ar, the individual, fi	m, or corpor	ation employed more than ten (10	0) employees. <sup>1</sup>
(B)	On January 1	st of the below-signed year	ar, the individual, fir	m, or corpor	ation employed ten (10) or fewer	employees.
	*If the employers selected					
Section 2	<del></del> ,	(), F				
The emplo and deadli		A. § 36-60-6(a). The u	ndersigned private		accordance with the applicable lso attests that its federal work	
	ber (usually 4-6 digits) thi e Federal Work Authoriza				Date of Authorization Actual Date Company signed up	to begin E-Verify use)
					gly and willfully makes a false, , and face criminal penalties as a	
Executed in _	(city	/),	_(state)			
			Signa	ture of Autl	horized Officer or Agent	Date
	AND SWORN BEFORE ME					
I III I III	DAY OF	, 20	Print	ed Name and	d Title of Authorized Officer or	Agent
NOTARY PUB	ELIC SIGNATURE AND SE	AL				
Mv Commission	Expires:					

<sup>&</sup>lt;sup>1</sup> to determine the number of employees for purposes of the affidavit, a business must count its total number of employees' company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.