



**E-Verify Private Employer Affidavit  
Pursuant to O.C.G.A. § 36-60-6 (d)**  
**\*\*This form is required by Georgia State Law\*\***

Date: \_\_\_\_\_

Alcohol License # \_\_\_\_\_

Business Name \_\_\_\_\_

By executing this affidavit, under oath, as an applicant for an Alcohol License Certificate as referenced in O.C.G.A. § 36-60-6 (d), from Jackson County, Georgia, the undersigned private employer verifies that one of the following pertains to the above mentioned document. Please check one of the following:

\_\_\_\_\_ The above individual, firm, or corporation employed five hundred (500) or more employees for the below signed year.

\_\_\_\_\_ The above individual, firm, or corporation employed one hundred (100) or more but less than five hundred (500) employees for the below signed year.

\_\_\_\_\_ The above individual, firm, or corporation employed eleven (11) or more, but less than one hundred (100) employees for the below signed year.

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:

\_\_\_\_\_ Federal Work Authorization Use Identification Number (not your FEIN 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 as allowed by such criminal statute.

Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (County) State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn Before Me On This The \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ :

in \_\_\_\_\_ (County) State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
(Seal)

\_\_\_\_\_  
My Commission Expires: