

# City of Pavo

1010 E. Harris Street  
Phone 229-859-2110

P. O. Box 157  
Fax 229-859-2319

Pavo, GA. 31778  
pavocity@windstream.net

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

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

The State of Georgia now requires the submission of an affidavit. The E-Verify Private Employer Affidavit (**O.C.G.A § 36-60-6(d)**) should be completed. Please note that the documents signature should be witnessed by a Notary Public.

Due upon receipt.

1 – 5 Employees	\$80.00
6 or more Employees	\$85.00

Make check or money order payable to the City of Pavo.

Thank you,

\_\_\_\_\_  
Marry Collins  
City Clerk

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

By executing this affidavit under oath, as an applicant or to renew an existing account, for a(n) occupational tax certificate, contractors' registration, a regulatory or alcohol license, as referenced in O.C.G.A. § 36-60-6(d), from the City of Pavo, Georgia, the undersigned applicant representing the private employer known as:

**Name of Company:** \_\_\_\_\_

verifies one of the following with respect to the application for the above mentioned document:

**1. Fill out this section on or after July 1, 2013.**

- a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed more than eleven (11) employees.
- b) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

2. The employer has registered with and utilizes the federal work authorization program (*also known as the E-Verify program*) in accordance with the applicable provisions and deadlines establish in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization number (*also known as the Client ID number*) and date of authorization are as listed below:

Federal Work Authorization Number, (*also known as the Client ID 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. § 36-60-6(a), and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_

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

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

\_\_\_\_\_  
Address of the Individual, Firm or Corporation

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF

\_\_\_\_\_  
Notary Public: \_\_\_\_\_

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

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) Business License  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
City of Pavo [*name of government entity*], 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: