

JEFFREY E. TURNER
CHAIRMAN
SONNA SINGLETON-GREGORY
DISTRICT 1
GAIL B. HAMBRICK
DISTRICT 2
SHANA M. ROOKS
DISTRICT 3
MICHAEL L. EDMONDSON
DISTRICT 4

Community Development Department

121 South McDonough Street, Jonesboro, Georgia 30236

Office: (770) 477-3569 Fax: (770) 473-5467

www.claytoncountyga.gov/departments/community-development



PATRICK EIJKE
DIRECTOR

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

By executing this affidavit under oath, as an applicant for a(n) Business License [*business license, occupational tax certificate, or other document required to operate a business*] as referenced in O.C.G.A. § 36-60-6(d), from Clayton County, Ga. [*name of county or municipal corporation*], the undersigned applicant representing the private employer known as _____ [*printed name of private employer*] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section if the current date is after July 1, 2013.

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

If the employer selected 1(a) please fill out Section 3 below.

2. 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 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 _____, 201___ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ DAY OF _____, 201___.

NOTARY PUBLIC
My Commission Expires:

JEFFREY E. TURNER
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O.C.G.A. § 50-36-1(e)(2) SAVE 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 Clayton County, Ga. [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: