2026

E-VERIFY AFFIDAVIT

Completion of this affidavit is required for new business license applicants and for renewing business with more than 10 employees.

Instructions: 1. Print your business name and address
2. Indicate the number of employees
3. Have your affidavit notarized

By executing this affidavit under oath , as an applicant for an occupational tax certificate (business license, occupation tax certificate, or other document required to operate a business) as referenced in O.C.G.A. 36-60-6(d), from the City of Perry, the undersigned applicant representing the private employer known as

1

_____ at _____

Name of business/private employer Address

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

2

Check One:

☐ On Jan. 1 of the below signed year the individual, firm, or corporation employed 10 or less employees.

☐ On Jan. 1 of the below signed year the individual, firm, or corporation employed more than 10 employees.

Complete this section if the individual, firm, or corporation employed more than 10 employees as of January 1:

The employer has registered with and utilized 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 number and date of authorization are as listed below.

_____ _____

Federal Work Authorization 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 statue.

Executed on the _____ date of _____, 20___ in _____ (City) _____ (State)

3

_____

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 _____, 20___.

_____ _____

NOTARY PUBLIC MY COMMISSION EXPIRES