



**Chatham County ~ Department of Building Safety & Regulatory Services
Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161
Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406
Office: 912-201-4300 | Fax 912-201-4301
Website: <https://buildingsafety.chathamcountyga.gov/>**

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 Chatham County, GA., 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 **LESS than** ten (10) employees. (

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed **MORE than** ten (10) employees. (complete #2)

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 _____, 20___ 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**

_____ DAY OF _____, 20_____

My Commission Expires:

NOTARY PUBLIC

SEAL