

# APPLICATION FOR LICENSE PERMITTING THE PACKAGE SALE OF DISTILLED SPIRITS

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**CITY OF AUBURN**  
**APPLICATION FOR LICENSE PERMITTING**  
**THE PACKAGE SALE OF DISTILLED SPIRITS**

Every applicant for a license permitting the package sale of distilled spirits within the City of Auburn must fully complete this application.

NOTE: Should additional space be required to fully answer any question in this application, please answer on additional paper, clearly identifying the part, subpart and question being responded to.

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

Type of License Requested by Applicant: \_\_\_\_\_

- (a) Distilled spirits only in original package for consumption off premises
- (b) Beer, wine & distilled spirits in original package for consumption off premises

1. Applicant's Name: (if applicant is a corporation, limited liability entity, or partnership then indicate names of officer(s), member(s) or partner(s) entitled to act on behalf of or bind the corporation or partnership in business matters).

\_\_\_\_\_  
\_\_\_\_\_

2. Address and Phone Number of Applicant: (if applicant is a corporation or other type of entity list the address of the headquarters or principal place of business of the corporation or entity).

\_\_\_\_\_  
\_\_\_\_\_

3. Name proposed business to be operated under:

\_\_\_\_\_

4. Address and Phone Number of proposed business (both mailing address and physical address are required):

Physical: \_\_\_\_\_

Mailing: \_\_\_\_\_

Phone number: \_\_\_\_\_

5. If proposed Licensee is a corporation, state where and when incorporated and list the officers of the corporation:

(a) Date incorporated: \_\_\_\_\_

(b) State where incorporated: \_\_\_\_\_

(c) President: \_\_\_\_\_

(d) Vice President: \_\_\_\_\_

(e) Secretary: \_\_\_\_\_

(f) Treasurer: \_\_\_\_\_

(g) Managing Member: \_\_\_\_\_

6. If proposed Licensee is a corporation, list all of the holders and their addresses of any outstanding stock of said corporation:

Name: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_  
Address: \_\_\_\_\_

7. If proposed Licensee is a partnership or limited liability entity, list the name, address, and interest of each partner or member:

Name: \_\_\_\_\_ Interest: \_\_\_\_\_  
Address: \_\_\_\_\_

8. List the name and address of any person, firm, partnership, corporation, or other type of entity (other than those listed in Paragraphs 1-7 above) which has or will have any interest or beneficial interest either directly or indirectly in the business for which the license is requested.

\_\_\_\_\_  
\_\_\_\_\_

9. Describe the interest, if any, specified in Paragraph 8.

\_\_\_\_\_  
\_\_\_\_\_

10. (a) Has the applicant, the Directors, or any of the shareholders, if the applicant is a corporation, or any partners/members, if the applicant is a partnership/limited liability entity, or any individual listed in Paragraph 6-8, ever been convicted or pled guilty or entered a plea of nolo contendere to a felony or misdemeanor of any state or of the United States, or any municipal ordinance, except minor traffic violations? \_\_\_\_\_

- (b) If yes, give details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If applicant is a Corporation, partnership, limited liability company, or other entity, questions 11, 12, 14, and 15 below must be answered for each of the stockholders, directors, joint venturers, principals, partners, or members of the applicant.

11. (a) Has applicant, whether an individual, corporation, partnership or other entity ever been or is presently the holder of a license permitting the sale of alcoholic beverages?

\_\_\_\_\_ If yes, please give the dates and places of such licenses and their current status.

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- (b) Has applicant, whether an individual, corporation, partnership or other entity ever had or presently have any financial interest in any manufacturer or wholesaler of alcoholic beverages? \_\_\_\_\_

If yes, please give the dates and places of such licenses and their current status.

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12. (a) Has applicant, whether an individual, corporation, partnership or other entity, held any prior license permitting the sale of alcoholic beverages, that was suspended or revoked within a period of ten (10) years prior to the date of the application? \_\_\_\_\_

- (b) If yes, give details including the identity and address of the governmental agency or political subdivision where such license was held and the name of the governing authority or political subdivision which suspended or revoked said license.

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13. (a) If applicant is an individual, does the applicant or any member of applicant's family or any relative by blood or marriage have any interest in an alcoholic beverage business in Georgia or elsewhere? \_\_\_\_\_

- (b) If yes, give details. \_\_\_\_\_

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14. (a) Is applicant a citizen of the United States or an alien lawfully admitted for permanent residence? The applicant shall complete a SAVE Affidavit and an E-Verify Affidavit and submit both affidavits at the time of submitting its application.

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(b) If applicant is a citizen of the United States by naturalization, list a certificate number, the date, place and court and petition number of applicant's naturalization.

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(c) If applicant is an alien lawfully admitted for permanent residence, list applicant's alien registration number.

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15. Please list any prior business interests of applicant for the past ten (10) years.

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16. Please list the names, phone numbers and addresses of five persons who have known the applicant for the past ten (10) years. (If applicant is a corporation, partnership or other entity, then list 5 individuals who have conducted business with the principals of the corporation, partnership, or other entity for the ten (10) year period.)

Name

Phone Number

Address

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17. Date and place of birth of applicant. (Not applicable to corporate/partnership applicants)

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18. (a) Has the applicant (if a corporation, the officers, directors, and principle shareholders, if a partnership, all partners, whether general or limited, if a limited liability entity, all members) received any type of discharge from any branch of the military service of the United States other than an honorable discharge? \_\_\_\_\_

(b) If yes, give specific details. \_\_\_\_\_

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19. (a) Does the applicant (if a corporation, the officers, directors, and principle shareholders, if a partnership, all partners, whether general or limited, if a limited liability entity, all members) owe any outstanding taxes, fees, special assessments or other monies to the City of Auburn, Barrow County, the State of Georgia, or the United States? \_\_\_\_\_

(b) If yes, give specific details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. (a) Does the City Administrator, his/her spouse or minor children or any member of the City Council, his/her spouse or minor children, have any whole, partial or otherwise beneficial interest in the license applied for herein? \_\_\_\_\_

(b) If yes, give specific details. \_\_\_\_\_  
\_\_\_\_\_

21. Type of business to be operated in conjunction with this license:

(a) Package Store Distilled Spirits Only \_\_\_\_\_

(b) Package Store Beer, Wine and Distilled Spirits \_\_\_\_\_

(c) Other-specify \_\_\_\_\_

22. List the name and address of the owners of the building and land in and upon which the Licensee proposes to operate and the name and address of any Lessor and Sub-Lessor of the Licensee:

Name                      Address

(a) Building Owner: \_\_\_\_\_

(b) Land Owner: \_\_\_\_\_

(c) Lessor: \_\_\_\_\_

(d) Sub-Lessor: \_\_\_\_\_

Applicant shall attach hereto evidence of ownership of the building or proposed building, a copy of the lease for said building, or a contractual right to purchase the property.

23. (a) Is there an existing agreement for the sale or transfer of this license, if granted, to another individual, corporation, partnership or other entity? \_\_\_\_\_

(b) If yes, give details. \_\_\_\_\_  
\_\_\_\_\_

24. Name the manager(s) of the business for which the application is sought.
- \_\_\_\_\_
- \_\_\_\_\_
25. Applicant must submit a site plan that has been stamped by a registered surveyor and a rendering of the proposed building.
26. Applicant is required to obtain a survey of the proposed site of the licensed business and said survey is required to show compliance with all distance requirements contained in the Code of the City of Auburn, Georgia. In that respect:
- (a) Is the business proposed to be licensed hereunder located within a distance of One Hundred (100) yards of a church? (For the purpose of this question, distance will be measured as provided in the Code of the City of Auburn, Georgia)

\_\_\_\_\_

  - (b) Is the business proposed to be licensed hereunder located within a distance of Two Hundred (200) yards of any school building, educational building, schools grounds or college campus? (For the purpose of this question, distance will be measured as provided in the Code of the City of Auburn, Georgia)

\_\_\_\_\_

  - (c) Is the business proposed to be licensed hereunder located within a distance of One Hundred (100) yards of an alcoholic treatment center owned or operated by the state or any county or municipal government?

\_\_\_\_\_

  - (d) How many parking spaces are available at the site of the business? \_\_\_\_\_ Does this number meet the requirements number of parking spaces as provided for in the Auburn Zoning Ordinance? \_\_\_\_\_
  - (e) Within what zoning district is the proposed licensed business to be operated? \_\_\_\_\_

\_\_\_\_\_
27. List the name, phone number and address of the registered agent upon whom any process, notice or demand required or permitted by the Code of the City of Auburn, Georgia, may be served.
- Name/Phone Number: \_\_\_\_\_
- Address: \_\_\_\_\_
- \_\_\_\_\_
- Please attach a completed registered agent consent form which will be provided to applicant upon request.
28. If applicant is a franchise or if the proposed license will be used as a part of a franchise business, applicant shall attach a copy of the franchise agreement or contract.
29. Applicant shall attach hereto a completed application form with all attachments and requirements for a state license.

30. Does the applicant have or will the applicant receive any financial aid or assistance from any manufacturer of alcoholic beverages? \_\_\_\_\_

If yes, please give the dates and places of such licenses and their current status.

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31. List the bank(s), including branch, where applicant does business within the State of Georgia (if no banks are used within the State of Georgia, please list two financial institutions for reference presently used by applicant).

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32. List the names, addresses and telephone numbers as well as the present place of employment of any clerk, server or any other person to be employed in connection with the proposed business, together with the length of their residence, if any, in Barrow County, Georgia.

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33. Please state the total amount of capital that is or will be invested in the proposed business by any party or parties.

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34. State total amount of funds invested by the owner/applicant:

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35. If any capital is borrowed for the proposed licensed business, please detail the following:

<u>Name of Lender</u>	<u>Date</u>	<u>Amount</u>	<u>Interest Rate</u>
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36. Applicant shall provide a letter or other evidence of sufficient capital and financial strength to construct/remodel a building, fully furnish and stock the proposed facility, and operate the proposed store for (period of time).

**CERTIFICATION:**

The undersigned hereby certifies that he/she is the \_\_\_\_\_ of  
(authorized representative)  
\_\_\_\_\_ and is authorized to sign this application.  
(Name of business)

The undersigned further certifies that:

The City of Auburn Alcoholic Beverage Ordinance has been read and understood and a copy will be maintained on the premises, and each and every employee will be required to be familiar with said regulations;

All laws, rules and regulations of the United States, the State of Georgia and of the City of Auburn, now enforced or which may hereafter be promulgated or enacted, regulating and governing the sale of alcoholic beverages will be complied with; and

Any license issued shall cover the period of one year commencing the first day of January and expiring December 31, and that no license shall be assignable or transferrable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of the revocation of said license, or for any other reason.

I further understand that I am liable to penalties of the law (both fine and imprisonment) should any false or fraudulent statement or representation be made in connection with this application.

I solemnly swear that the facts stated in the above and foregoing application for a license in the City of Auburn, Georgia, are true and correct.

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant

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

[Notarial Seal]

**REGISTERED AGENT FORM**

CITY ADMINISTRATOR  
CITY HALL  
CITY OF AUBURN  
P.O. BOX 1059  
1369 FOURTH AVENUE  
AUBURN, GEORGIA 30011  
(770) 963-4002

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

\_\_\_\_\_  
Business Location

\_\_\_\_\_  
City/State/Zip Code

I, \_\_\_\_\_, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of the Ordinances of Auburn, Georgia. (Every establishment holding an alcoholic beverage license in the City must have a registered agent and this person must be a resident of Barrow County, Georgia.)

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Agent's Social Security Number

\_\_\_\_\_  
Type or Print Name of Agent

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Agent's Home Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City/State/Zip Code

APPROVED:

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Officer or Director (Title)

\_\_\_\_\_  
Officer or Director (Title)

**CITY OF AUBURN PERSONNEL STATEMENT**

**INSTRUCTIONS:** This personnel statement must be executed under oath, by the licensee, all owners, managers, members, partners and officers and/or directors of the corporation, partnership, entity, or other place of business applying for a license for package sales of distilled spirits. Each question must be fully answered. If space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. A personnel statement for all the above persons must be submitted with each license application.

1. Full Name \_\_\_\_\_

2. Full name and address of business of which this personnel statement is a part:  
\_\_\_\_\_

3. Position of applicant in business \_\_\_\_\_  
State ownership or interest if any in this business \_\_\_\_\_  
Salary or annual compensation \_\_\_\_\_

4. Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying or selling alcoholic beverages: \_\_\_\_\_  
If yes, give names and locations and amount of interest in each \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever had any financial interest in an alcoholic beverage business which was denied a license? \_\_\_\_\_ If yes, give details. \_\_\_\_\_  
\_\_\_\_\_

6. Has any alcoholic beverage business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of alcoholic beverages? \_\_\_\_\_ If yes, give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If during the past ten years you have bought and sold any alcoholic beverage business give details (date, license number, persons and considerations involved). \_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been denied bond by a commercial security company? \_\_\_\_\_

If yes, give details. \_\_\_\_\_

9. Are you a registered voter? \_\_\_\_\_ State? \_\_\_\_\_ County? \_\_\_\_\_

10. Other names used by applicant: Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.

\_\_\_\_\_

11. Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_

Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_

12. Social Security Number \_\_\_\_\_

13. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

Naturalized \_\_\_\_\_ Date, Place and Court \_\_\_\_\_  
Certificate No. \_\_\_\_\_ Petition No. \_\_\_\_\_  
Derived Parents Certificate No. \_\_\_\_\_  
Alien Register No. \_\_\_\_\_ Native Country \_\_\_\_\_  
Date and Port of Entry \_\_\_\_\_

14. Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

15. If married or separated, complete the below requested information on spouse:

Full Name of Spouse \_\_\_\_\_ S.S.No. \_\_\_\_\_

Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Spouse's Employer \_\_\_\_\_

16. Employment Record for the past ten years (Give most recent experience first):

From		To		Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
mo	yr	mo	yr				

17. List in reverse chronological order all of your residences for the past ten years:

Dates		Street	City	State
From	To			

18. Have you ever been arrested, or held by Federal, State or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation or ordinances? (Include any and all drug or alcohol related offenses or arrests. Do not include minor traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest listed, please write no other arrest.)

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19. Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Age \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

20. Attach Photograph (front view) taken within the past year.

[Attach Photo Here]

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, \_\_\_\_\_ County.

I \_\_\_\_\_ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

\_\_\_\_\_  
Applicant's Signature

I hereby certify that \_\_\_\_\_ signed his/her name to the foregoing application stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

This \_\_\_ day of \_\_\_\_\_, 20\_\_.

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

[Notarial Seal]

City of Auburn  
P.O. 1059  
1369 Fourth Avenue  
Auburn, GA 30011  
(770) 963-4002

Authorization for Release of  
Personal Information and  
Criminal History Record  
Information

I, \_\_\_\_\_, do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of Auburn, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions; including records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements wherever filed; medical and psychiatric treatment and/or consultation; including hospitals, clinics, private practitioners, and the United States Veterans Administration, employment and pre-employment records, including internal investigations, reports, background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me; and the records, recollections of attorney's at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information deemed pertinent for the purposes of assessing my suitability for a Auburn City License.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly - in whole or in part, upon this release authorization will be considered in determining my suitability as a candidate for a License issued by the City of Auburn. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby specifically release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize the Barrow County Police Department to receive any criminal history record information and driver's history information pertaining to me which may be in the files of any criminal justice agency.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

Applicant's Signature: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Sworn to me and subscribed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public's Signature: \_\_\_\_\_

Place Commission Information and Seal:

## **CHECK LIST FOR ALCOHOLIC BEVERAGE APPLICATION**

**(1) READ ALCOHOLIC BEVERAGE ORDINANCE:**

**(2) TO BE COMPLETED AND RETURNED WITH APPLICATION:**

- ( ) Application completed and notarized.
- ( ) Building plans as required by Section 15.04.170 of the Code of the City of Auburn, Georgia.
- ( ) Evidence of ownership of building, copy of lease, or evidence of a contractual right to purchase.
- ( ) If applicant is a franchise, then the applicant must attach copy of the franchise agreement or contract with the application.
- ( ) The Building Inspector must give a final inspection and approval when the building is completed.
- ( ) Certificate from a Registered Land Surveyor showing drawing of the location of the proposed business premises for which such license is sought, showing the compliance with all distance requirements contained in the ordinance.
- ( ) Copy of completed application and requirements for a State license.
- ( ) License fee certified check payable to the City of Auburn.
- ( ) \$500.00 Application fee certified check, cashiers check, or cash payable to the City of Auburn.
- ( ) Registered Agent Form completed. This person must be a resident of Barrow County, Georgia.
- ( ) Valid Occupancy Permit (when building is completed).
- ( ) Health Department/Health Permit (when building is completed, if applicable).
- ( ) Authorization for Release of Personal Information and Criminal History Record completed and notarized.
- ( ) Personnel Statement completed and notarized.
- ( ) Personal Financial Statement (Exhibit A) completed and signed.

**(3) \* Payment of taxes and other debts to the City must be paid.**

\* City of Auburn Occupation Tax registration (including SAVE Affidavit and E-Verify Affidavit).

\* Submit names, addresses, date of birth, and telephone numbers of all employees.

\* Copy of Certificate of Incorporation, Secretary of State Business Services and Regulation, Suite 315 West Tower, 2 Martin Luther King, Jr. Drive, Atlanta, GA, 30334-1530.

**(4) REVIEW ORDINANCES AND FOLLOWING NOTES:**

1. In addition to the City license, a State license is required-contact the State of Georgia Revenue Department.
2. By Federal Law, a Federal Occupational Tax Stamp is required-contact the IRS District Office at 275 Peachtree Street, Atlanta, GA.

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for an Alcohol Beverage Permit (Package Distilled Spirits), as referenced in O.C.G.A. § 50-36-1, from the City of Auburn, Georgia, 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:  
\_\_\_\_\_

E-Verify Affidavit Option 1  
(Complete either Option 1 or Option 2)

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

\_\_\_\_\_  
Signature of Exempt Private Employer

\_\_\_\_\_  
Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
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\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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

E-Verify Affidavit Option 2  
(Complete either Option 1 or Option 2)

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

By executing this affidavit under oath, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that as of January 1, 2012, the individual, firm or corporation employs more than five hundred (500) employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
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\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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