

City of Camilla
P.O. Box 328
Camilla, Georgia 31730



Phone: (229) 336-2207
Fax: (229) 330-2230
www.camillaga.net

License Year: 2021

RENEWAL UPDATE INFORMATION SAVE and E-VERIFY AFFIDAVITS

Business License Number: _____ Regulatory Certificate Number: _____

1. **EFFECTIVE DATE OF CHANGE:** _____
2. **NAME OF BUSINESS:** _____
3. **D/B/A (if applicable):** _____
4. **PHYSICAL ADDRESS OF BUSINESS:** _____

5. **MAILING/BILLING ADDRESS:** _____

6. **BUSINESS PHONE NUMBER:** _____
7. **BUSINESS FAX NUMBER:** _____
8. **BUSINESS EMAIL ADDRESS:** _____
9. **OWNER NAME:** _____
10. **OWNER PHONE NUMBER:** _____
11. **OWNER EMAIL ADDRESS:** _____
12. **TYPE OF BUSINESS:** _____
13. **NUMBER OF EMPLOYEES:** _____

10 or more employees requires the following:

E-Verification Number: _____
E-Verify Authorization Date: _____

I certify the information is true and correct to the best of my knowledge.

Signature

Date

PRINTED
NAME: _____

COMMENTS/ADDITIONAL INFORMATION: _____

APPLICATION AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT (SAVE) O.C.G.A. 50-36-1 AND PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-6(d)

By executing this affidavit under oath as an applicant for:

- Business License (Occupational Tax Certificate)
- Regulatory Certificate
- Alcohol license
- Taxi Permit
- Other document required to operate a business as referenced in O.C.G.A. 36-60-6(d), O.C.G.A. 50-36-1 from the City of Camilla, the undersigned applicant representing the private employer known as:

COPY OF PICTURE IDENTIFICATION REQUIRED

(Printed name of business/private employer)

- On January 1st of the below signed year the individual, firm, or corporation employed **10 or more employees** *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 attests that their E-Verify number and date of authorization are listed below:*

E-Verification #

Date of Authorization

- On January 1st of the below signed year the individual, firm, or corporation employed **9 or less employees** (exempt from E-Verify)

PLEASE PRINT:

Name of person applying on behalf of individual, business, corporation, partnership, or other private entity

- I am a United States Citizen OR
- I am a legal permanent resident 18 years of age or older or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States

If applicable provide Alien Registration Number: _____

In making the above representation under oath I understand any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of O.C.G.A. 16-10-20 and face criminal penalties allowed by such statute.

Executed this _____ day of _____, 20____ in _____, _____
City State

Signature of Applicant/Agent

Printed name of Applicant and Title of Agent

SWORN AND SUBSCRIBED BEFORE ME THIS THIS _____ DAY OF _____, _____

Notary Public

My Commission Expires

[SEAL]