

**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 ten (10) or fewer employees and 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. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.  
Executed on \_\_\_\_\_, \_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

\_\_\_\_\_  
Signature of Exempt Private Employer or  
Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

\_\_\_\_\_  
\* This affidavit is for submissions made on or after to July 1, 2013.

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs **more than ten (10) 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:

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

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

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

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

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ 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 \_\_\_\_\_, 201\_\_.

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

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

O.C.G.A. § 50-36-1(e)(2) 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 Candler County [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:



CORPORATION

Entity Name: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

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

For President, Vice-Presidents, Secretary, Treasurer and the officer or employee in charge of this specific operation, give following:

Name*	Title	DOB	S.S. #	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* Designate by resolution the person responsible for management and operation.

\* Designate the majority stockholder.

For corporations for which the principal activity is the sale of alcohol, the license will be in the name of the corporation and the majority stockholder. For corporations for which the principal business activity is other than the sale of alcohol, the license will be in the name of the corporation and the officer or employee in charge of this specific operation.

(4) Is this an application for: (Check One)

\_\_\_\_\_ Off-Premises Consumption

\_\_\_\_\_ Beer

\_\_\_\_\_ Wine

\_\_\_\_\_ Liquor

\_\_\_\_\_ On-Premises Consumption

\_\_\_\_\_ Beer

\_\_\_\_\_ Wine

\_\_\_\_\_ Liquor

(a) Was license previously issued prior to December 31, 2002? \_\_\_\_\_

(b) Are you a restaurant? \_\_\_\_\_

(c) Are you a private club? \_\_\_\_\_

\_\_\_\_\_ Both On- and Off-Premises Consumption

(5) QUALIFICATIONS

(a) Are all licensee(s) at least 21 years of age, of good moral character and citizen(s) of the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Questions (6) (b) (c) (d) and (e) apply with respect to the laws of this state, other states, the United States and other countries, as well as, county ordinances. Pleas of nolo contendere or the forfeiture of a bond are considered convictions.**

(b) Has any proposed licensee been convicted of a felony or a misdemeanor in the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

(c) Has any proposed licensee been at any time convicted of any criminal offense relating to alcoholic beverages, taxes or gambling?

Yes \_\_\_\_\_ No \_\_\_\_\_

(d) Has any proposed licensee been convicted of violating any county alcohol ordinances in the past two years?

Yes \_\_\_\_\_ No \_\_\_\_\_

(e) Has proposed licensee been denied or had revoked within the past five years an application to sell alcoholic beverages issued by any governmental entity?

Yes \_\_\_\_\_ No \_\_\_\_\_

(f) Is the business (refer to Section 6-157 and 158 for definitions) a private club?

Yes \_\_\_\_\_ No \_\_\_\_\_

a restaurant?

Yes \_\_\_\_\_ No \_\_\_\_\_

(6) ILLUMINATION

(a) Are all tables, booths and customer service areas illuminated sufficiently so that those inside the premises may view them to include all passageways?

Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Sale of alcoholic beverages in back rooms and side rooms not opened to the general public is prohibited except for private parties in banquet rooms and room service in hotels with a licensed restaurant.

Yes \_\_\_\_\_ No \_\_\_\_\_

(7) LOCATION

(a) Is the proposed location within 1,500 feet of the property line of any church, school building, educational building, school grounds or college campus?

Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Is the property within 100 yards of any alcoholic treatment center owned and operated by this state or any county or municipal government?

Yes \_\_\_\_\_ No \_\_\_\_\_

(8) ON-PREMISES CONSUMPTION

Has applicant provided a building plan drawn to scale disclosing the interior measurements of all outer walls to calculate the load capacity (must have a seating capacity at tables, not including bar stools, of at least 25 persons)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Provide the following interior measurements:

- (a) Food preparation area \_\_\_\_\_  
(Include kitchen, buffet and salad bar areas)
- (b) Storage area \_\_\_\_\_
- (c) Restrooms \_\_\_\_\_  
(Include connecting hallways)
- (d) Preparation area behind bars \_\_\_\_\_

(9) PRIVATE CLUBS

Has the applicant complied with private club rules in Section 6-158?

Yes \_\_\_\_\_ No \_\_\_\_\_

(10) Have you furnished a complete set of fingerprints to be forwarded to the Georgia Bureau of Investigations for the purposes as set forth in O.C.G.A. Section 3-3-2 (c)?

YES \_\_\_\_\_ NO \_\_\_\_\_

**FAILURE TO DO SO WILL RENDER THIS APPLICATION INVALID**

Upon completion of the application and payment of fees, the county administrator shall refer the application to the Sheriff for investigation and hearings thereon as deemed necessary.

Applicant must satisfy all requirements of a fire and life safety inspection performed by the state or local fire marshal prior to opening business.

Applicant must provide the county administrator with a signed fire safety report and certificate of occupancy from the state or local fire marshal where the occupancy load is 100 or more.

Applicant herewith submits the appropriate annual fee as set forth in the Candler County Alcoholic Beverage Ordinance VIII. (a) (b) (c) and acknowledges that said fees are non-prorated and non-refundable. Applicant also acknowledges that said fees are due and payable on January 1 of each calendar year and if not paid by January 10, will be subject to a ten percent (10%) per month late charge or penalty.

Upon renewal of said license, applicant will review this application and inform the Board of Commissioners of Candler County of any changes to be made therein. FAILURE TO DO SO WILL RESULT IN INVALIDATION OF THE RENEWAL APPLICATION REVOCATION OF THE RENEWAL LICENSE.

Applicant acknowledges receipt of a copy of the Candler County Alcoholic Beverage Ordinance, as amended, and states that he/she has read same and hereby agrees to the terms and conditions set forth in same and agrees to operate under the guidelines in said Ordinance.

Applicant hereby swears that the information set forth in the within and foregoing application is true and complete to the best of his knowledge and belief and acknowledges that any misstatement or concealment of fact shall be grounds for revocation or suspension of any license issued in response to this application and shall make applicant liable to prosecution for perjury under the laws of the State of Georgia.

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

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Notary Public My commission expires \_\_\_\_\_.



The within application for a Candler County Alcoholic Beverage License is hereby approved upon receipt of appropriate fee in the amount of \_\_\_\_\_.

This \_\_\_\_\_ day of \_\_\_\_\_.

BOARD OF COMMISSIONERS  
OF CANDLER COUNTY, GEORGIA

BY: \_\_\_\_\_  
CHAIRMAN OR  
COUNTY ADMINISTRATOR