

FAYETTE COUNTY E 9-1-1 COMMUNICATIONS

EMERGENCY CONTACT FORM

Name of Business: \_\_\_\_\_

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

Prior Address of Business (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Prior Business Name (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Business Phone Number: \_\_\_\_\_

Business Owner(s) Name: \_\_\_\_\_

Owner(s) Home Phone Number: \_\_\_\_\_  
(Emergency Use Only)

Building Owner: \_\_\_\_\_

Building Owner's Phone Number: \_\_\_\_\_

Emergency Contact: (Someone who can gain access to the business  
after normal business hours in case of:  
Fire, Burglar Alarm, or other emergency.)

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)  
Required by Georgia Law**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*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 the City of Fayetteville, Georgia, the undersigned applicant representing the  
private employer known as

\_\_\_\_\_ [printed name of business]

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

(check one)

\_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **TEN  
(10) OR MORE EMPLOYEES.**

\_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed **LESS  
THAN TEN (10) EMPLOYEES.**

}

***IF THE EMPLOYER SELECTED TEN (10) OR MORE EMPLOYEES, PLEASE FILL  
OUT FEDERAL WORK AUTHORIZATION USER ID NUMBER BELOW. THIS IS  
NOT THE SAME AS THE TAX ID NUMBER.***

**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 \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (City) \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Authorized Officer or Agent (Representative of Business)

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent (of Business)

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

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

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

U.S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT  
REQUIRED BY GEORGIA LAW  
PURSUANT TO O.C.G.A. 50-36-1

By executing this affidavit under oath, as an applicant for a City of Fayetteville, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Fayetteville Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (CIRCLE ONE) for:

\_\_\_\_\_  
(Name of natural PERSON applying on behalf of individual, business, corporation, partnership, or other private entity)

\_\_\_\_\_ 1) I am a United States Citizen

OR (ONLY CHECK ONE)

\_\_\_\_\_ 2) I am a legal permanent resident 18 years of age or older, or I am an otherwise 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.\*

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 Code Section 16-10-20 of the Official Code of Georgia. (Please provide copy of photo ID and front and back of registration.)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Alien Registration Number Non-Citizen\* \_\_\_\_\_

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

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

\*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:  
\_\_\_\_\_