

FAYETTE COUNTY E-9-1-1 COMMUNICATIONS
EMERGENCY CONTACT FORM

Name of Business: _____

Business Address: _____

Prior Business Name (if applicable) _____

Prior Address of Business in Fayette County (if applicable): _____

Business Phone Number _____

Business Owner(s) Name: _____

Business Owner(s) Home Phone Number: _____
(Emergency use only)

Building Owner Name: _____

Building Owner Phone Number: _____

Additional Emergency Contact: (Someone who can gain access to the business after normal business hours in the event of Fire, Burglar Alarm, or Other Emergency)

1) Name _____ Phone # _____

2) Name _____ Phone # _____

3) Name _____ Phone # _____

**PLEASE NOTE: ALARM SYSTEMS MUST BE REGISTERED.
GO TO <https://www.crywolfservices.com/fayettevillega>
FOR REGISTRATION INFORMATION AND ORDINANCE**

**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

_____ [PRINT BUSINESS NAME]

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

(CHECK ONE)

_____ On January 1st of the below signed year the individual, firm, or corporation employed **MORE THAN TEN (10) EMPLOYEES.**

_____ On January 1st of the below signed year the individual, firm, or corporation employed **TEN (10) OR LESS EMPLOYEES.**

IF THE EMPLOYER SELECTED MORE THAN TEN (10) 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

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.

Signature of Applicant:

Date:

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, _____

* _____
Alien Registration Number for Non-Citizens

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:
