

**CITY OF ELBERTON  
VENDING MACHINE / AMUSEMENT MACHINE REGISTRATION**

Registration and payment is due March 31.

Mail to: City of Elberton  
City Clerk  
P.O. Box 70  
Elberton, GA 30635

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

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

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Business Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

<u>Number of Machines</u>	<u>Fee per Machine</u>	<u>Total Amount Due</u>
_____	X 30.00	\$ _____

*USE BACK OF FORM IF ADDITIONAL SPACE IS NEEDED.*

<u>Serial Number of Machine</u>	<u>Physical location/address of Machine</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the information given on the return is true and correct, to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE TITLE DATE

**E-VERIFY AFFIDAVIT**  
**Pursuant to O.C.G.A. 36-60-6(d)**

**\*To be completed by all owners of business.**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for license, permit, or other document required to operate a business in O.C.G.A. 36-60-6(d):

Check one:

- a. *On January 1, of previous year, the individual, firm, or corporation employed more than ten (10) employees*
- b. *On January 1, of previous year, the individual, firm, or corporation employed ten (10) or fewer employees.*

The employer has registered with and utilizes the federal work authorization program in accordance with the application provisions and deadlines established in O.C.G.A. 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization is as follows:

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

\_\_\_\_\_  
Federal Work Authorization User Id No

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

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

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Print Name of and Title of Authorized Officer, or Agent

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_.

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

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

To register for the E-Verify Program, go to the U.S. Citizenship and Immigration Services website ([www.uscis.gov](http://www.uscis.gov)).

**SAVE AFFIDAVIT**  
**Affidavit Verifying Status for Public Benefit**  
**Pursuant to O.C.G.A. 50-36-1(E)(2)**

**\*To be completed by all owners of business.**

By executing this affidavit under oath, as an applicant for a license, permit or other public benefit as referenced in O.C.G.A. 50-36-1, from the City of Elberton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Select one:

- I am a United States citizen.** Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>
- I am a legal permanent resident of the United States. Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>
- 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.\*\*** Please see link for acceptable forms of identification: <http://law.ga.gov/immigration-reports>

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

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

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_.

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

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