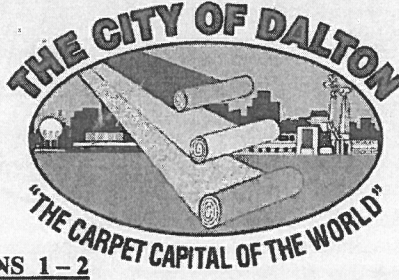


2020 OCCUPATIONAL TAX CERTIFICATE RETURN

City Of Dalton, Georgia
City Clerk's Office
300 West Waugh Street #317
Post Office Box 1205
Dalton, Georgia 30722-1205
Phone (706)529-2490 | Fax (706)529-2491



For Office Use Only

Customer Number: **5103**

ID Number: **6937**

SECTION I - PLEASE ANSWER QUESTIONS 1-2

(1) Is Business Out of Business? ☐ Yes ☒ No

(2) What Date Did Business Go Out of Business? ____/____/____

SECTION II - PLEASE COMPLETE THE FOLLOWING ACCORDINGLY

OWNER NAME (Corporate Name Or Individual Owner): **CHEROKEE BREWING COMPANY LLC**

D/B/A (Name Of Business): **CHEROKEE BREWING & PIZZA COMPANY**

STREET ADDRESS (Local Address of Business): **207 W CUYLER ST**

MAILING ADDRESS: **207 W. CUYLER ST**

☐ Same as Street Address

CITY: **DALTON** STATE: **GA** ZIP: **30720**

BUSINESS TELEPHONE: **706-218-8065**

CONTACT PERSON: **KASEY CARPENTER** CONTACT TELEPHONE: **706-218-8065**

SECTION III - LIST THE NUMBER OF EMPLOYEES

☒ RENEWAL ONLY

Please List The Number of Employees Employed
In The Business As Of **JANUARY 1, 2019**
Employees = Persons on payroll As of 1/1/2019

20

Renewals Are Billed On The Previous Years Employees

SECTION IV - PROVIDE AS REQUIRED

Georgia Sales Tax Number (If applicable): **308-379991** NAICS Number: **722511**

SECTION V - READ CAREFULLY BEFORE SIGNING

This Return Is Due In The Clerk's Office on or before the 15th of November of each year before a statement or certificate can be issued. Failure to File this Return by the 15th of November will result in penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund.

9, 15, 2019
Date

Kasey Carpenter
Signature

Continued. →

**AFFIDAVIT VERIFYING STATUS FOR CITY
PUBLIC BENEFIT APPLICATION
CITY OF DALTON, GEORGIA**

MUST BE NOTARIZED

By Executing This Affidavit Under Oath, As An Applicant For A City Of Dalton, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit 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 Dalton, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit For:

CHEROKEE BREWING COMPANY LLC

d/b/a: **CHEROKEE BREWING & PIZZA COMPANY**

Kasey Carpenter
[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, Or Other Private Entity]

1) **CITIZEN - GADL** I Am A United States Citizen

Or

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.*

2a) Date of Birth: _____

2b) _____
*Alien Registration Number For Non-Citizens

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.

The secure and verifiable document provided with this affidavit can best be classified as: License

**** (Please submit a copy of the secure and verifiable document along with the application. E.g., Driver's License)**

Kasey Carpenter
Signature Of Applicant

Kasey Carpenter
Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 15th DAY OF September, 2019

Bambi Scott
Notary Public

My Commission Expires: July 31, 2023

*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. 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:

**PRIVATE EMPLOYER AFFIDAVIT
PURSUANT TO O.C.G.A. § 36-60-6(d)
CITY OF DALTON, GEORGIA**

MUST BE NOTARIZED

CHECK ONLY ONE:

☒ 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 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. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

EXEMPT

Federal Work Authorization User Identification Number
(E-Verify Company ID Number)

9/18/19
Date of Authorization

Kasey Carpenter
Signature of Authorized Officer or Agent

Kasey Carpenter Owner
Printed Name and Title of Authorized Officer or Agent

☐ 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.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

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

SUBSCRIBED AND SWORN BEFORE ME

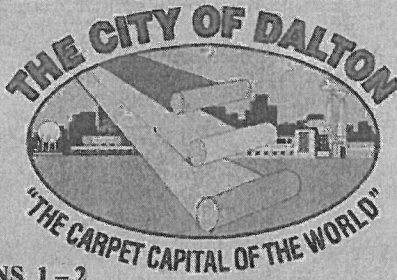
ON THIS THE _____ DAY OF _____, 201____

NOTARY PUBLIC

My Commission Expires: _____

2019 OCCUPATIONAL TAX CERTIFICATE RETURN

City Of Dalton, Georgia
City Clerk's Office
300 West Waugh Street #317
Post Office Box 1205
Dalton, Georgia 30722-1205
Phone (706)529-2490 | Fax (706)529-2491



For Office Use Only

Customer Number: **5103**

ID Number: **6937**

SECTION I - PLEASE ANSWER QUESTIONS 1-2

- (1) Is Business Out of Business? ☐ Yes ☒ No
(2) What Date Did Business Go Out of Business? ____/____/____

SECTION II - PLEASE COMPLETE THE FOLLOWING ACCORDINGLY

OWNER NAME (Corporate Name Or Individual Owner):	CHEROKEE BREWING COMPANY LLC
D/B/A (Name Of Business):	CHEROKEE BREWING & PIZZA COMPANY
STREET ADDRESS (Local Address of Business):	207 W CUYLER ST
MAILING ADDRESS:	207 W. CUYLER ST
	<input type="checkbox"/> Same as Street Address
CITY:	DALTON
STATE:	GA
ZIP:	30720
BUSINESS TELEPHONE:	706-218-8065
CONTACT PERSON:	KASEY CARPENTER
CONTACT TELEPHONE:	706-218-8065

SECTION III - LIST THE NUMBER OF EMPLOYEES

☒ **RENEWAL ONLY**

Please List The Number of Employees Employed
In The Business As Of **JANUARY 1, 2018**
Employees = Persons on payroll As of 1/1/2018

24

Renewals Are Billed On The Previous Years Employees

SECTION IV - PROVIDE AS REQUIRED

Georgia Sales Tax Number (If applicable): **308-379991** NAICS Number: **722511**

SECTION V - READ CAREFULLY BEFORE SIGNING

This Return Is Due In The Clerk's Office on or before the 15th of November of each year before a statement or certificate can be issued. Failure to File this Return by the 15th of November will result in penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund.

11, 2, 2018
Date

[Signature]
Signature

Continued. →

**AFFIDAVIT VERIFYING STATUS FOR CITY
PUBLIC BENEFIT APPLICATION
CITY OF DALTON, GEORGIA
MUST BE NOTARIZED**

By Executing This Affidavit Under Oath, As An Applicant For A City Of Dalton, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit 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 Dalton, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit For:

CHEROKEE BREWING COMPANY LLC
d/b/a: **CHEROKEE BREWING & PIZZA COMPANY**

[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, Or Other Private Entity]

1) CITIZEN - GADL I Am A United States Citizen

Or

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.*

2a) Date of Birth: _____

2b) _____
*Alien Registration Number For Non-Citizens

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.

The secure and verifiable document provided with this affidavit can best be classified as:

**** (Please submit a copy of the secure and verifiable document along with the application. E.g., Driver's License)**

Signature Of Applicant

Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 2 DAY
OF NOV, 2013

Notary Public

My Commission Expires: 5/16/19

*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.

**PRIVATE EMPLOYER AFFIDAVIT
PURSUANT TO O.C.G.A. § 36-60-6(d)
CITY OF DALTON, GEORGIA
MUST BE NOTARIZED**

CHECK ONLY ONE:

☐ 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 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. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

EXEMPT

Federal Work Authorization User Identification Number
(E-Verify Company ID Number)

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

☐ 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.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

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

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201____.

NOTARY PUBLIC

My Commission Expires: _____

USA
Georgia

DRIVER'S LICENSE



DL NO. 044285839
CLASS C
KASEY SCOTT
CARPENTER

1301 MORTON DR
DALTON, GA 30720-3943
WHITFIELD
Restrictions B
Iss 06/19/2019

End: N

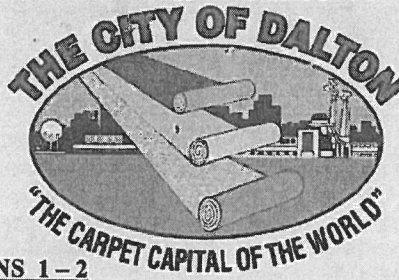
Sex M Eyes BRO
Hgt 5'-09" Wgt 210 lb



DD 1384411812350014349

2018 OCCUPATIONAL TAX CERTIFICATE RETURN

City Of Dalton, Georgia
City Clerk's Office
300 West Waugh Street #317
Post Office Box 1205
Dalton, Georgia 30722-1205
Phone (706)529-2490 | Fax (706)529-2491



For Office Use Only

Customer Number: **5103**

ID Number: **6937**

SECTION I - PLEASE ANSWER QUESTIONS 1-2

(1) Is Business Out of Business? ☐ Yes ☒ No

(2) What Date Did Business Go Out of Business?

SECTION II - PLEASE COMPLETE THE FOLLOWING ACCORDINGLY

OWNER NAME (Corporate Name Or Individual Owner):	CHEROKEE BREWING COMPANY LLC
D/B/A (Name Of Business):	CHEROKEE BREWING & PIZZA COMPANY
STREET ADDRESS (Local Address of Business):	207 W CUYLER ST
MAILING ADDRESS: 207 W. CUYLER ST <input type="checkbox"/> Same as Street Address	
CITY: DALTON STATE: GA ZIP: 30720	
BUSINESS TELEPHONE: 706-218-8065 FAX:	
CONTACT PERSON: KASEY CARPENTER CONTACT TELEPHONE: 706-218-8065	

SECTION III - LIST THE NUMBER OF EMPLOYEES

☒ RENEWAL ONLY

Please List The Number of Employees Employed
In The Business As Of JANUARY 1, 2017
Employees = Persons on payroll As of 1/1/2017

24

Renewals Are Billed On The Previous Years Employees

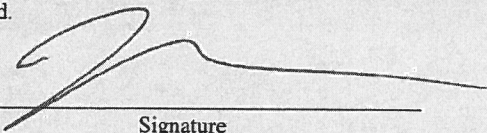
SECTION IV - PROVIDE AS REQUIRED


Georgia Sales Tax Number (If applicable): **308-379991** NAICS Number: **722511**

SECTION V - READ CAREFULLY BEFORE SIGNING

This Return Is Due In The Clerk's Office on or before the 15th of November of each year before a statement or certificate can be issued. Failure to File this Return by the 15th of November will result in penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund.

1/18/2018
Date


Signature

Continued. 

**AFFIDAVIT VERIFYING STATUS FOR CITY
PUBLIC BENEFIT APPLICATION
CITY OF DALTON, GEORGIA**

MUST BE NOTARIZED

By Executing This Affidavit Under Oath, As An Applicant For A City Of Dalton, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit 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 Dalton, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit For:

CHEROKEE BREWING COMPANY LLC
d/b/a: **CHEROKEE BREWING & PIZZA COMPANY**

[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, Or Other Private Entity]

1) **CITIZEN - GADL** I Am A United States Citizen

Or

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.*

2a) **Date of Birth:** _____

2b) _____
*Alien Registration Number For Non-Citizens

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.

The secure and verifiable document provided with this affidavit can best be classified as:

**** (Please submit a copy of the secure and verifiable document along with the application. E.g., Driver's License)**

Signature Of Applicant

Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY
OF _____, 20____

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:

**PRIVATE EMPLOYER AFFIDAVIT
PURSUANT TO O.C.G.A § 36-60-6(d)
CITY OF DALTON, GEORGIA**

MUST BE NOTARIZED

CHECK ONLY ONE:

☐ 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 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. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

EXEMPT

Federal Work Authorization User Identification Number
(E-Verify Company ID Number)

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

☐ 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.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

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

SUBSCRIBED AND SWORN BEFORE ME

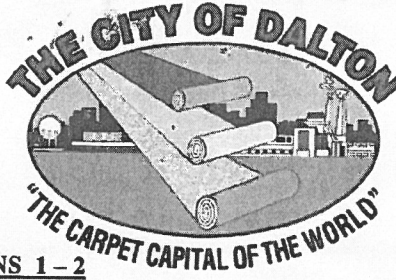
ON THIS THE _____ DAY OF _____, 201____

NOTARY PUBLIC

My Commission Expires:

2017 OCCUPATIONAL TAX CERTIFICATE RETURN

City Of Dalton, Georgia
City Clerk's Office
300 West Waugh Street #317
Post Office Box 1205
Dalton, Georgia 30722-1205
Phone (706)529-2490 | Fax (706)529-2491



For Office Use Only

Customer Number: **5103**

ID Number: **6937**

SECTION I - PLEASE ANSWER QUESTIONS 1-2

(1) Is Business Out of Business? ☐ Yes ☒ No

(2) What Date Did Business Go Out of Business? ____/____/____

SECTION II - PLEASE COMPLETE THE FOLLOWING ACCORDINGLY

OWNER NAME (Corporate Name Or Individual Owner): **CHEROKEE BREWING COMPANY LLC**

D/B/A (Name Of Business): **CHEROKEE BREWING & PIZZA COMPANY**

STREET ADDRESS (Local Address of Business): **207 W CUYLER ST**

MAILING ADDRESS: **207 W. CUYLER ST**
☐ Same as Street Address

CITY: **DALTON** STATE: **GA** ZIP: **30720**

BUSINESS TELEPHONE: **706-218-8065** FAX:

CONTACT PERSON: **KASEY CARPENTER** CONTACT TELEPHONE: **706-218-8065**

SECTION III - LIST THE NUMBER OF EMPLOYEES

☒ RENEWAL ONLY

Please List The Number of Employees Employed
In The Business As Of **JANUARY 1, 2016**
Employees = Persons on payroll As of 1/1/2016

2

Renewals Are Billed On The Previous Years Employees

SECTION IV - PROVIDE AS REQUIRED

Georgia Sales Tax Number (If applicable): **308-379991** NAICS Number: **722511**

SECTION V - READ CAREFULLY BEFORE SIGNING

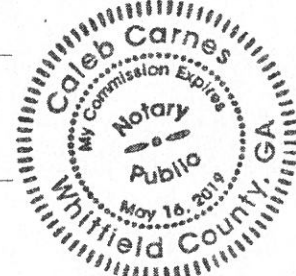
This Return Is Due In The Clerk's Office on or before the 15th of November of each year before a statement or certificate can be issued. Failure to File this Return by the 15th of November will result in penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund.

11/11/2016
Date

[Signature]
Signature

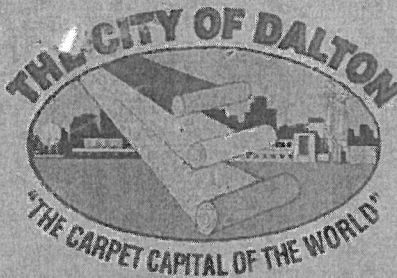
Continued. →

My Commission Expires:



2016 OCCUPATIONAL TAX CERTIFICATE RETURN

City Of Dalton, Georgia
City Clerk's Office
300 West Waugh Street #317
Post Office Box 1205
Dalton, Georgia 30722-1205
Phone (706)529-2490 | Fax (706)529-2491



For Office Use Only

Customer Number: 5103

ID Number: 6937

SECTION I - PLEASE ANSWER QUESTIONS 1-10

- (1) Is Business Located in the city limits? ☒ Yes ☐ No
- (2) Is This Return A ☒ New Return ☐ Renewal Return ☐ Change In Existing Account
- (3) Does This Business have an Occupational Tax Certificate in Another City in Georgia ☐ Yes ☒ No Where? _____
- (4) The Business Classification is ☒ Regular (i.e. store) ☐ Professional (i.e. Doctor) ☐ Bank
- (5) Is This Business ☒ Permanent ☐ Seasonal ☐ Temporary
- (6) If Professionals, Check the Appropriate Method of Payment ☒ Per Employee Method ☐ Per Practitioner Method
- (7) Is Building Newly Constructed? ☐ Yes ☒ No Date _____
- (8) Has Building been Remodeled or Renovated? ☐ Yes ☒ No Date NEW
- (9) Is Business Out of Business? ☐ Yes ☒ No
- (10) What Date Did Business Go Out of Business? _____

SECTION II - PLEASE COMPLETE THE FOLLOWING ACCORDINGLY

OWNER NAME (Corporate Name Or Individual Owner): <u>Cherokee Brewing Company LLC</u>		
D/B/A (Name Of Business): <u>Cherokee Brewing & Pizza Company</u>		
STREET ADDRESS (Local Address of Business): <u>207 W. Cuyler St. Dalton GA 30720</u>		
MAILING ADDRESS: <u>Dale</u> <input type="checkbox"/> Same as Street Address		
CITY: <u>Dalton</u>	STATE: <u>GA</u>	ZIP: <u>30720</u>
BUSINESS TELEPHONE: <u>706-218-8065</u>		FAX: <u>706-218-8065 N/A</u>
CONTACT PERSON: <u>Kasey Carpenter</u>		CONTACT TELEPHONE: <u>706-218-8065</u>

SECTION III - CHECK THE APPROPRIATE CATEGORY

CHECK THE TYPE OF BUSINESS TO BE CONDUCTED AT THIS LOCATION, IF BUSINESS TYPE IS NOT LISTED PLEASE LIST

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Beauty/Barber Shop | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Store Merchant |
| <input type="checkbox"/> Auto Dealer | <input type="checkbox"/> Hotel/Motel | <input checked="" type="checkbox"/> Restaurant | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Consultant | <input type="checkbox"/> Service | <input type="checkbox"/> Other _____ |

SECTION IV - LIST THE NUMBER OF EMPLOYEES

☒ NEW BUSINESSES ONLY

Please List The Number of Employees Employed
In The Business As Of The Date of This Return
Employees = Persons on the payroll As of This Time

2

☐ RENEWAL ONLY

Please List The Number of Employees Employed
In The Business As Of JANUARY 1, 2015
Employees = Persons on payroll As of 1/1/2015

If There Are No Employees - List Zero In The Box

Renewals Are Billed On The Previous Years Employees

SECTION V - PROVIDE AS REQUIRED

Georgia Sales Tax Number (if applicable): 308-379991

NAICS Number: 722511

SECTION VI - READ CAREFULLY BEFORE SIGNING

This Return Is Due In The Clerk's Office on or before the 15th of November of each year before a statement or certificate can be issued. Failure to File this Return by the 15th of November will result in penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund.

8/16/2016
Date

[Signature]
Signature

Continued. →

**AFFIDAVIT VERIFYING STATUS FOR CITY
PUBLIC BENEFIT APPLICATION
CITY OF DALTON, GEORGIA
MUST BE NOTARIZED**

By Executing This Affidavit Under Oath, As An Applicant For A City Of Dalton, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit 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 Dalton, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit 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

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.*

2a) Date of Birth: [REDACTED]

2b)

*Alien Registration Number For Non-Citizens

In Making The Above Representation Under Oath, I Understand That Any Person Who Knowingly And Willfully Makes A False, Pictitious, 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

The secure and verifiable document provided with this affidavit can best be classified as:

** (Please submit a copy of the secure and verifiable document along with the application. E.g., Driver's License)

Signature Of Applicant

Printed Name

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 16 DAY OF August, 2016

Notary Public

My Commission Expires: 8/5/19

*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:

**PRIVATE EMPLOYER AFFIDAVIT
PURSUANT TO O.C.G.A. § 36-60-6(d)
CITY OF DALTON, GEORGIA
MUST BE NOTARIZED**

CHECK ONLY ONE:

☒ 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 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. § 36-60-6. 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
(E-Verify Company ID Number)

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

☒ 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.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on August 16, 2016
in Dalton (city), GA (state).

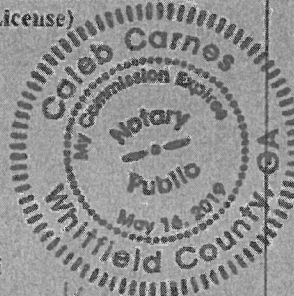
SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 18 DAY OF August, 2016

NOTARY PUBLIC

My Commission Expires:

5/16/19



Georgia DRIVER'S LICENSE

NUMBER 044285839 EXPIRES

CARPENTER, KASEY SCOTT
125 ENOCH TRL
ROCKYFACE GA 30740-8944

SEX		ISSUE DATE	COUNTY
M		05-09-2008	55
HEIGHT	WEIGHT	SEX	FEE RESTRICTIONS
5-09	195	800	836.00
CLASS	ENDORSEMENTS	TYPE	
C		REG	

ORGAN DONOR

COMMISSIONER

Sonny Perdue GOVERNOR

Kasey Carpenter

Ray C. Dyer

