

Mayor
Barbara Mathis

City Clerk
Cenlya Galloway

City Manager
Richard H. Stancil

City Attorney
Stephanie W. McConnell

City of Hiawassee
"ON BEAUTIFUL LAKE CHATUGE"

50 River Street
Hiawassee, GA 30546

Phone (706) 896-2202
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Council

Stephen H. Smith
Jay Chastain, Jr.
Janet Allen
Pat Smith
Joan Crothers

2015 MUNICIPAL REGISTRATION
TO DEAL IN PRECIOUS METALS OR GEM

Under Authority of OCGA 43-37-1 through 43-37-8.

Date: _____

Registration Number:

Term of Permit: January 1, 2015 to December 31, 2015.

Name of Dealer: _____

Address of Dealer: _____

Telephone # of Dealer: _____

Name of Business: _____

Address of Business: _____

Telephone # of Business: _____

Age (Must be over 21) _____

Address where conducted: _____

Federal Tax ID or SSI: _____

Under penalty of Law, I swear that I have read the above referenced code section and agree to abide by the rules and regulation as set forth therein and that all information provide on this Municipal Registration is true and accurate.

Signature of Applicant:

Print Name of Applicant:

Date

Sworn before me on the above date:

NOTARY PUBLIC
My Commissioner Expires: _____

APPROVED:

Hiawassee Chief of Police/Officer

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

- Instructions: a) complete Form 'A' or Form 'B'; and
b) Have notary complete bottom of form

FORM 'A'

Employs 100 or more (total employees for Individual, Firm or Corporation)

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 100 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: _____

FORM 'B'

Employs fewer than 100 (total employees for Individual, Firm or Corporation)

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 fewer than 100 employees and therefore, 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. § 13-10-90.

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 _____, 20____.

(Seal)