



P.O. Box 1249 • Monroe, Georgia 30655
(770) 207-4674
Attn: Business License Division

OCCUPATION TAX APPLICATION

BUSINESS NAME _____ TELEPHONE () _____

ADDRESS _____ TYPE OF BUSINESS _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

OWNER'S NAME _____ TELEPHONE () _____

EMERGENCY CONTACT PERSON: _____

TELEPHONE () _____

PROPERTY OWNER'S NAME: _____

TELEPHONE () _____

**NUMBER OF EMPLOYEES: FULL TIME _____

PART TIME _____

**(Including Owners & Family Members)

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ARE YOU DISQUALIFIED TO RECEIVE A LICENSE

BY REASON OF ANY MATTER OR THING CONTAINED IN THE LAWS OF THIS STATE, OR THIS CIYT? YES NO

WILL A SIGN BE INSTALLED ON THE BUILDING OR PROPERTY? YES NO

A PERMIT IS REQUIRED FOR ALL SIGNS!!

I hereby certify that I will not violate any of the laws of this State of Georgia or of the United States. I further agree to comply with any and all ordinances of the City of Monroe in conducting business in the City.

Signature: _____ Date ____/____/____

Notice: All businesses located in the City of Monroe are subject to inspection by City Code and Fire Officials