



OCCUPATIONAL TAX APPLICATION

CITY OF MONROE

PO Box 1249 - Monroe, GA 30655
770-207-4674 – hbrookshire@monroega.gov

Business Contact Information

Business Name: _____
DBA: _____
Physical Location: _____
Inside DDA (Downtown Development Authority) Boundary? Y or N _____
Mailing Address: _____
Email: _____
Business Phone: _____

Ownership Type (select only one)

- ☐ Corporation
- ☐ LLC
- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Non-profit

Business Owner Contact Information

Owner(s) Name: _____
Owner's Email: _____ Owner's Phone: _____
Local / Emergency Contact: _____ Phone: _____
Property Owner's Name: _____ Phone: _____

Business Information

Business Description: _____
Residential or Commercial? _____
NAICS Code (<https://www.census.gov/naics>): _____
Start Date: _____
Federal Tax ID (EIN): _____
GA State & Use Tax: _____
GA Professional State License Number(s): _____
Exempt from E-Verify?: _____
If no, list E-Verify Number _____

Reason for Application (select one)

- ☐ New Business
- ☐ Change of Ownership
- ☐ DBA Change
- ☐ Change of Address
- ☐ Change of Business Activity
- ☐ Short Term Rental

Gross Receipts: (Estimated from start of business to end of calendar year): _____
OR Number of Practitioners*: _____

***Under O.C.G.A. 48-13-9(c)1-18 practitioners have the right to pay \$400 per practitioner and practitioners are defined as Lawyers; Physicians; Osteopaths; Podiatrists; Dentists; Optometrists; Psychologists; Veterinarians; Landscape Architects; Land Surveyors; Practitioners of Physiotherapy; Public Accountants; Embalmers; Funeral Directors; Civil, Mechanical, Hydraulic, or Electrical Engineers; Architects; Marriage and Family Counselors; Social Works, and Professional Counselors.**

IF applying as a Non-Profit: Under O.C.G.A. § 48-13-13, nonprofit organizations are exempt from any occupation tax, regulatory fee, or administrative fee. If applying for an occupation tax certificate as a nonprofit, please provide proof of nonprofit status.

Number of Employees

1. Number of Full-Time Employees: _____
2. Number of Part-Time Employees: _____
3. On average, how many hours do ALL the part-time employees work in one week? _____

Full-Time Equivalent

- A. Answer from #1 _____
B. Answer from #3 divided by 40 _____
C. Add lines A and B: _____

Questions

1. In the past five years have you been convicted of, or pled guilty or nolo contendere to any sexual offense as set out in O.C.G.A. § 16-6-1 et seq., or to any offense involving the lottery, illegal possession or sale of narcotics or alcoholic beverages or possession or receiving of stolen property? _____
2. For Commercial Businesses, will a sign be installed on the building or property? (permit required) _____

I, _____, do solemnly swear that the information on this application is true, correct to the best of my knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupational tax certificate. I understand that if I provide false or misleading information in this application, I may be subject to criminal prosecution and/or immediate revocation of my business occupational tax certificate issued as a result of this application. I understand that I must comply with any and all ordinances of the City of Monroe.

Signature

Print Name

Date

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public Signature and Seal: _____

Any false statement, misrepresentation of fact(s) or omission may be cause for criminal prosecution.

O.C.G.A. § 16-10-20



Private Employer E-Verify Affidavit for City of Monroe
Pursuant to O.C.G.A § 36-60-6(d)
(For new applications beginning July 1, 2013)

By executing this affidavit under oath, as an applicant for a(n) _____
[business license, occupational tax certificate] as referenced in O.C.G.A § 36- 60-6(d), the undersigned applicant
representing the private employer known as _____ [printed
name of private employer] verifies one of the following with respect to my application for the above-mentioned
document:

- (a)_____ The individual, firm, or corporation employs more than (10) 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.
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 (Company ID Number)

Date of Authorization

OR

- (b)_____ The individual, firm, or corporation employs ten (10) or less 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 § 19-10-90.

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 _____, 20 ____ 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 ____.

NOTARY PUBLIC _____

My Commission Expires: _____

(IMPORTANT: Front and back copy of ID used must be enclosed!)



Affidavit Verifying Status for
City of Monroe
SAVE Affidavit
Public Benefit Application
Pursuant to O.C.G.A. §50-361(e)(2)

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate], as referenced in O.C.G.A. § 50-36-1, the undersigned applicant verifies one of the following with respect to my application:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States
- 3) _____ 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.

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.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____ 20____

NOTARY PUBLIC _____
My Commission Expires: _____

(IMPORTANT: Front and back copy of ID used must be enclosed!)