



OCCUPATIONAL TAX / BUSINESS LICENSE

CHECKLIST

Please submit the following items for an Occupational Tax Certificate

- ☐ Occupational Tax/ Business License Affidavit —must be signed and notarized
- ☐ S.A.V.E. Affidavit—must be signed and notarized
- ☐ Secure and verifiable document (for identification purposes)
- ☐ E-Verify Affidavit—must be signed and notarized
- ☐ Home Office Compliance Form (if applicable)
- ☐ Copies of any state licenses affiliated with the occupation / business

Please Note:

- Invoices will be sent out via email—please provide a current email address
- Once an invoice has been issued, application fees can be paid online, over the phone, or in the office



OCCUPATIONAL TAX / BUSINESS LICENSE

RATE CHART

Business Sector	NAICS Code	Tax Rate on Gross Receipts
Accommodation & Food Services	72	0.0003
Administrative & Support	56	0.0003
Agriculture, Forestry, Fishing, & Hunting	11	0.0005
Arts, Entertainment, & Recreation	71	0.0006
Construction	23	0.0003
Educational Services	61	0.0005
Finance & Insurance	52	0.0006
Healthcare & Social Assistance	62	0.0005
Information	51	0.0005
Management Companies & Enterprises	55	0.0008
Manufacturing	31-33	0.0003
Mining, Quarrying, & Oil/Gas Extraction	21	0.0005
Other Services	81	0.0005
Psychiatric & Substance Abuse Hospitals	622210	0.0015
Professional, Scientific, & Tech Services	54	0.0006
Real Estate, Rental & Leasing	53	0.0008
Remediation Services	56	0.0003
Retail Trade	44-45	0.0002
Transportation & Warehousing	48-49	0.0003
Utilities	22	0.0001
Waste Management	56	0.0003
Wholesale Trade	42	0.0002



OCCUPATIONAL TAX APPLICATION

CITY OF MONROE

PO Box 725 - 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 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 (if New Business): _____

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)

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

Gross Receipts: _____

(from previous year for renewal or start of business to end of year for new):

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.

Number of Employees:

Number of Full-Time Employees: _____

Number of Part-Time Employees: _____

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.

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 new 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



S.A.V.E.
Affidavit Verifying Status for
City of Monroe
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:
Choose One:

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 _____ DAY OF _____, 20____.

NOTARY PUBLIC _____
My Commission Expires: _____

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



Private Employer
E-Verify Affidavit for
City of Monroe
Pursuant to O.C.G.A § 36-60-6(d)

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) 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

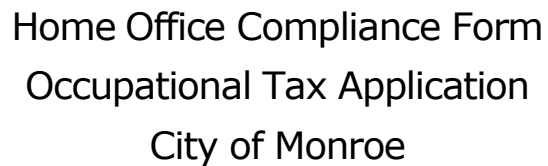
SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____.

NOTARY PUBLIC _____

My Commission Expires: _____

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



Business Information

Name of Business: _____

Address of Business: _____

Email: _____ Phone: _____

Business Owner Information

Name: _____

Email: _____ Phone: _____

I have been advised of and understand the rules and regulations of a home-based business and agree to comply (See City of Monroe Zoning Ordinance Section 1000.3)

Printed Name

Signature

Date

Property Owner Information

Name: _____

Address: _____

Email: _____ Phone: _____

I, _____ (name of property owner), as the rightful owner of
 _____ (property address) hereby give permission to
 _____ (name of business owner) to operate
 _____ (name of business) as a home-based office
 only business at the above referenced property address.

Printed Name

Signature

Date _____