



OCCUPATIONAL TAX RENEWAL

CITY OF MONROE

PO Box 725 - Monroe, GA 30655
770-207-4674 - hbrookshire@monroega.gov

Business License Number: _____

Business Name: _____

DBA: _____

Mailing Address: _____

Physical Address: _____

Business Email: _____

Business Phone: _____

Owner(s) Name: _____

Owner's Email: _____

Owner's Phone: _____

Business Description: _____

NAICS Code (<https://www.census.gov/naics>): _____

Federal Tax ID (EIN): _____

GA State & Use Tax: _____

GA Professional State License Number(s): _____

E-Verify Number (if applicable): _____

Gross Receipts: _____

OR **Number of Practitioners** (if applicable): _____

Ownership Type (select one)

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

Verifying Status - Must Provide I.D.

- U.S. Citizen
- Permanent Resident
- Qualified Alien/Non-Immigrant

Number of Employees

Full Time (Includes Owner): _____
Part-Time: _____
Total Weekly Part-Time Hours: _____

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