



CITY OF MONROE SHORT-TERM RENTAL CODE COMPLIANCE VERIFICATION

SHORT TERM RENTAL LOCATION INFORMATION

Physical Address: _____

Parcel #(s): _____ Existing Zoning: _____

Type of Dwelling: _____ Dwelling Size (in SF) : _____

of Bedrooms: _____ Parking Spaces Provided: _____

Maximum # of Occupants: _____

(Calculated as 2 persons per bedroom + 2 additional persons per residence (includes any owner occupants))

PROPERTY OWNER & LOCAL CONTACT INFORMATION

Property Owner: _____ Email: _____

Provide responsible agent or officer name for any LLC or other Incorporated Business

Phone#: _____ Address: _____

City: _____ State: _____ Zip: _____

Local Contact: _____ Email: _____

Owner or local property manager that resides within 50 miles of the short-term rental

Phone#: _____ Address: _____

City: _____ State: _____ Zip: _____

REQUIRED SUBMITTAL ITEMS

- Completed Occupational Tax Application
- Completed & Signed Code Compliance Verification Form
- Fees
- Diagram & Photographs of Premises Including Locations of Designated Parking
- Valid Hotel/Motel Tax Occupancy Registration Certificate

APPLICATION CERTIFICATION

WITH MY SIGNATURE PROVIDED BELOW I HEREBY CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION ON THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION SUPPLIED BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING WORK TO BE PERFORMED SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. APPLICANT HEREBY AUTHORIZES THE CODE DEPARTMENT PERSONNEL TO ENTER UPON AND INSPECT THE PROPERTY FOR ALL PURPOSES ALLOWED AND REQUIRED BY THE CITY OF MONROE CODE OF ORDINANCES.

PROPERTY OWNER'S SIGNATURE

SIGNATURE: _____ DATE: _____

REGULATION & POSTING ACKNOWLEDGEMENT

WITH MY SIGNATURE PROVIDED BELOW I HEREBY ACKNOWLEDGE THAT I HAVE EXAMINED AND UNDERSTAND ALL REGULATIONS PERTAINING TO SHORT-TERM RENTALS AS OUTLINED IN CHAPTER 22 OF THE CITY OF MONROE CODE OF ORDINANCES. ADDITIONALLY, I WILL POST A COPY OF THE APPROVED OCCUPATIONAL TAX CERTIFICATE AND CODE COMPLIANCE VERIFICATION FORM IN PLAIN VIEW FOR ALL OCCUPANTS TO OBSERVE ON THE PREMISES OF THE SHORT-TERM RENTAL AS REQUIRED UNDER SECTION 22-384 OF THE CITY OF MONROE CODE OF ORDINANCES.

PROPERTY OWNER'S SIGNATURE

SIGNATURE: _____ DATE: _____

NOTARY PUBLIC:

SWORN TO AND SUBSCRIBED BEFORE THIS _____ DAY OF _____, 20_____

NOTARY SIGNATURE: _____

DATE: _____

SEAL:

It is the responsibility of the applicant and not the staff to ensure that a complete application with all required materials are submitted. Applications and submittals found to be incomplete and incorrect will be rejected. Each applicant is responsible for compliance with the Short-Term Rental Regulations set forth in Chapter 22 of the City of Monroe Code of Ordinances.



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: _____
Business 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: _____
Federal Tax ID (EIN): _____
GA State & Use Tax: _____
GA Professional State License Number(s): _____
Exempt from E-Verify?: _____
If no, list E-Verify Number _____

Number of Employees

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

Gross Receipts: _____

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.

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!)