



# 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.

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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 \_\_\_\_\_  
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  
Public Benefit Application  
Pursuant to O.C.G.A. §S0-361(e)(2)

By executing this affidavit under oath, as an applicant for a \_\_\_\_\_, 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: \_\_\_\_\_

# DDA

## Legend

 DDA Boundary

