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 215 N Broad Street  
Monroe, GA 30655

 (770) 267-3429

Re: Occupational Tax Renewal Application

Business Owners,

Please see the enclosed materials to obtain an occupational tax certificate / business license. Business license fees are based on gross receipts and number of employees with the minimum charge for an occupational tax certificate being \$200 plus a \$50 administrative fee. Additionally, for businesses not considered home-based, a \$50 annual fire inspection fee will be added to the business license fee. For non-receipt businesses and those wishing to pay based on number of practitioners, please follow the instructions on the application.

All of the materials enclosed in this packet are also available on the City's website ([monroega.com](http://monroega.com)) under Forms & Applications. Renewal applications are due December 1, 2023. Late fees will not be assessed until April 1, 2024. Invoices will be sent by email. Once you have received an invoice, payments can be made online, in person, or over the phone. To determine the fee for your business license, see the attached chart. The chart indicates the appropriate tax rate based on a business's NAICS (North American Industry Classification System) Code. A business's NAICS number may be found on tax returns or at this website: [census.gov/naics](http://census.gov/naics).

Thank you for your patience and understanding during this process!

Thank you,  
City of Monroe



## OCCUPATIONAL TAX / BUSINESS LICENSE RENEWAL CHECKLIST

### **Please submit the following items to renew an Occupational Tax Certificate**

- Renewal Affidavit—must be signed and notarized
- SAVE 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
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 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

Current Business License Number: \_\_\_\_\_  
Business Description: \_\_\_\_\_  
Residential or Commercial? \_\_\_\_\_  
NAICS Code (<https://www.census.gov/naics>): \_\_\_\_\_  
Start Date (N/A if a renewal) : \_\_\_\_\_  
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
- Renewal

Gross Receipts<sup>^</sup>: (Estimated from start of business to end of calendar year) \_\_\_\_\_  
<sup>^</sup>If renewing, provide Gross Receipts for 2023 (If applying before January 1<sup>st</sup>, provide an estimate) \_\_\_\_\_  
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. Total Weekly Part-Time Hours\*\*: \_\_\_\_\_  
\*\*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 #2 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(n) \_\_\_\_\_  
[business license, occupational tax certificate, or other document required to operate a business] 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. §50-36-1(e)(2)**

By executing this affidavit under oath, as an applicant for a(n).

\_\_\_\_\_ (type of public benefit), as referenced in  
O.C.G.A. § 50-36-1, the undersigned applicant verifies one of the following with respect to my  
application for a public benefit:

- 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!)**

# DDA

## Legend

 DDA Boundary

