



HOME OFFICE COMPLIANCE FORM OCCUPATIONAL TAX APPLICATION CITY OF MONROE

Business Information

Name of Business: _____

Address of Business: _____

Email: _____ Phone: _____

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

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)

Signature of Business Owner

Date