



# 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 1249 - Monroe, GA 30655**  
**770-207-4674 - dchambers@monroega.gov**

### Business Contact Information

Business Name: \_\_\_\_\_  
 Ownership Type:     Corporation     LLC     Sole Proprietor     Partnership     Non-profit  
 DBA: \_\_\_\_\_  
 Physical Location: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Business email: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### Business Owner Contact Information

Owner(s) Name: \_\_\_\_\_  
 Owner's Email: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_  
 Local / Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Property Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Reason for Application

New Business     Change of Ownership     DBA Change     Change of Address  
 Change of Business Activity     Short Term Rental

### Business Information

Business Description: \_\_\_\_\_  
 Residential or Commercial? Is this a home based (office only) business? \_\_\_\_\_  
 NAICS Code (<https://www.census.gov/naics>): \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ FullTime \_\_\_\_\_ PartTime \_\_\_\_\_  
 Total weekly PartTime hours: \_\_\_\_\_ /40 = \_\_\_\_\_ (FullTime Equivalent) + \_\_\_\_\_ (FT) = \_\_\_\_\_ (Total FT)  
 Federal Tax ID (EIN): \_\_\_\_\_ GA State & Use Tax: \_\_\_\_\_  
 GA Professional License Number(s): \_\_\_\_\_  
 E-Verify Number: \_\_\_\_\_ or Exempt? \_\_\_\_\_  
 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**

### Questions

1. Have you ever been convicted of a felony or are you disqualified to receive a license by reason of any matter or thing contained in the laws of this state or city? \_\_\_\_\_
2. 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



Private Employer E-Verify Affidavit for  
City of Monroe  
Pursuant to O.C.G.A. § 36-60-6(d)

(For renewals beginning January 1, 2014)

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) \_\_\_\_\_ On January 1<sup>st</sup> of the year signed below the individual, firm, or corporation employed more than ten  
(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) \_\_\_\_\_ On January 1<sup>st</sup> of the year signed below the individual, firm, or corporation employed 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. § 13-10-90.

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!)**