

Walton County Planning and Development
126 Court Street
Monroe, Georgia 30655

2023 Business License Renewal Notice

GOOD NEWS-You are no longer required to come into the office to renew your license. If you follow the steps below: Complete and Email the attached “Walton County Tax Commissioner’s Office” letter to WCbusiness.license@co.walton.ga.us

The Tax Office will complete the information and email the form back to you

You can then mail your completed business license renewal form with the attached “Tax” form!!

Please NOTE: Renewals cannot be processed without the completed Tax form.

IMPORTANT You will need to include a self-addressed, stamped envelope in order to receive a copy of your renewed License**

Is your business closed?

Please kindly notify the Department that you no longer own the business by completing the “Close Business License Letter” which can be found at:
<https://www.waltoncountyga.gov/DocumentCenter/View/509/Close-Business-License-Letter-PDF> and return to our office.

Forms of Payment: Check, Cash or Credit Card (fees will apply)

If you are paying by credit card please complete the Bank Card Transaction Form on the back side of this paper

If you have any questions regarding this process, please contact Planning and Development at 770-267-1485.



**Walton County Tax Commissioner's Office
Evidence of Personal Property Ad Valorem Tax Payment**

Complete the following information and email to: WCbusiness.license@co.walton.ga.us

Business License #: _____

Business Name: _____

Business Address: _____

Type of Business: _____

Owner of Business: _____

Contact: _____

Owner of Property: _____

Contact #: _____

ENTER EMAIL ADDRESS YOU WOULD LIKE FORM SENT BACK TO:

* _____

**This section must be completed by the Tax Commissioners Office prior to submittal to
Planning and Development for Occupational Tax Certificate (Business License)**

**TAX COMMISSIONER'S CERTIFICATION OF PERSONAL PROPERTY AD VALOREM
TAX PAYMENT**

All personal property ad valorem taxes due and payable the county has been paid by

_____ (Name of Business).

By: _____

Name: _____

Title: _____

Date: _____

**Walton County Planning and Development
OCCUPATIONAL TAX RETURN RENEWAL FORM**

Business ID: _____ (can be found on the previous license)

Business Name: _____

Address: _____

City State Zip: _____

Description of Business: _____

Number of Employees: _____ E-Verify Number if applicable: _____ Fee: \$ _____

Owner Name: _____

(This should be contact information of Individual Filing Return)

IMPORTANT CHANGES:

You will need to attach the evidence of Personal Property Ad Valorem Tax payment form from the Walton County Tax Commissioner's office. This form can be found at <https://tax.waltoncountypay.com/license.html>. Email completed form to the Tax Commissioner's office at, WCbusiness.license@co.walton.ga.us. This form will be emailed back to the sender upon determination that all personal property taxes have been paid for the requesting business. Questions regarding this process, please contact Planning and Development at 770-267-1485.

Once you have all the documents completed, the renewal can be mailed into our office with the check for payment. The payment is \$75.00 flat fee with \$10.00 per employee. Example if you are the only person in the business it will be \$85.00. You will need to add \$10.00 for each additional employee.

PROVIDE Copy of State License (if applicable)

I certify the above information is true and correct and contains no false or fraudulent information. I understand that the approval of this occupation tax return and the issuance of an occupation tax certificate does not authorize this business to engage in or carry on business or to perform any other activity in violation of federal, state or local law nor does it relieve this business from its obligation to ensure compliance with all federal, state and local laws, including but not limited to the Comprehensive Land Development Ordinance and Subdivision Regulations for Walton County, Georgia.

Signature: _____ Date: _____

BANKCARD TRANSACTION FORM

**This form must be completely filled out and submitted.
Transaction cannot be processed unless all information is
submitted.**

TYPE OF CARD: VISA____ MASTERCARD____ DISCOVER____

AMOUNT OF PAYMENT_____

CARD NUMBER_____

EXPIRATION DATE_____ CVV#:_____

NAME ON CARD_____

COMPANY NAME:_____

CONTACT PERSON:_____

TELEPHONE#:_____ ZIP CODE_____

PAYMENT FOR:_____

SIGNATURE OF CARDHOLDER_____

Once payment is completed this form will be shredded.
