



Greene County
Short Term Rental Business License
Application Checklist
1034 Silver Drive, Suite 201
Greensboro, GA 30642
Phone 706-453-7716

Application checklist

County personnel is available to notarize documents if you bring them in the office. However, said documents requiring notarization must not be signed until in the presence of County personnel.

_____ Completed “Short Term Rental Business License Application”

_____ Private Employer Affidavit (completed and notarized)

_____ SAVE Affidavit (completed and notarized)

_____ Copy of secure & verifiable document (driver’s license, U.S. passport, etc)*

**County can provide full listing of secure and verifiable documents as provided by the State of Georgia Attorney General’s Office upon request.*

_____ Business license fee (\$75 for <10 employees, \$100 for >10 employees)

***Note that a copy of a business license from another county or city in Georgia that is associated with real estate, short term rentals, or property management that is provided will exempt you from this fee. However, the above application and forms still must be completed. Additionally, please note that a State of Georgia Corporation Registration is not a business license for these purposes.*

_____ Completed “Code Compliance Verification Form”

_____ Diagram and/or photograph of the premises showing and indicating the number and location of designated on-site parking spaces and the maximum number of vehicles allowed for overnight occupants. NOTE: Landscaped areas of any kind shall not be counted as parking spaces.

_____ Completed “Hotel/Motel Tax Registration Form”

_____ Evidence of a valid sales tax certification number issued by the Georgia Department of Revenue



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Renewal
 New Business
 Out of Business

Short Term Rental Business License Application

Property Owner/Operator			
Short Term Rental Address			
Residential Community			
City		State	Zip
Phone	() -		
Email address			
Number of employees (including owner)			

Number of Bedrooms		Maximum Overnight Occupancy	
Heated Square Footage		Maximum Daytime Occupancy	

Agent/Representative/Local Contact Person			
Address			
City		State	Zip
Phone	() -		
Email address			

Federal Identification No. or Social Security No.	
Georgia Sales & Use Tax Identification No.	

Date Business Started (new applications only)	
Date Business Closed (if out of business)	

Initial each item below:

_____ I acknowledge that the owner, any agents and the local contact persons, have read and will comply with all regulations pertaining to the operation of a vacation home rental.

_____ I acknowledge that the owner, agent and/or local contact person, will post at the vacation rental, the notice required, along with a copy of the business license and a copy of the conditions set forth in the Zoning Ordinance.

_____ I certify that the information submitted above and attached herein is true and correct.

 Owner Signature

 Date

 Agent/Local Contact Person Signature

 Date

PRIVATE EMPLOYER AFFIDAVIT

THIS FORM MUST BE COMPLETED. IF YOU SELECT (a), LIST YOUR FEDERAL WORK PROGRAM AUTHORIZATION IDENTIFICATION NUMBER AND DATE AUTHORIZED. ALL FORMS MUST BE SIGNED AND NOTARIZED.

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a Business License as referenced in O.C.G.A. § 36-60-6(d), from Greene County, Georgia, the undersigned applicant representing the private employer known as _____ verifies one of the following with respect to the application for the above mentioned document:

- (a) _____ The individual, firm, or corporation employs more than ten (10) employees.
- (b) _____ The individual, firm, or corporation employs ten (10) or less employees.

If the employer selected (a), please fill out section below.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number (NOT YOUR FEDERAL TAX ID NUMBER) and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

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 _____.

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ___ DAY OF _____, 20_____.

NOTARY PUBLIC
My Commission Expires:

SAVE Affidavit

O.C.G.A. §50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a business license, as referenced in O.C.G.A. §50-36-1, from the **Greene County Board of Commissioners**, 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 of 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:



Greene County
**Short Term Rental Business License
Code Compliance Verification Form**
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Code Compliance Verification Form

By signing this form, I certify that I, _____, am the owner, operator, managing agency, or managing agent for the following short term rental address:

By signing this form and further initialing each item below, I certify that the above short term rental unit complies with all applicable laws including, but not limited to:

_____ Building Codes pursuant to Chapter 10 of the Greene County Code of Ordinances

_____ Health and Life Safety Codes

_____ Greene County Zoning Ordinance laws **including, but not limited to:**

- Limiting overnight occupancy to two persons per bedroom meeting building code and life-safety code requirements, plus two additional persons per residence. And limiting daytime visitors at any time in a vacation home rental to no more than six persons in addition to the maximum overnight occupancy.
- Ensuring every bedroom has an emergency escape or rescue exit and a minimum ceiling height as follows:
 - Each bedroom shall have at least one operable window or door for emergency escape or rescue that opens directly to the exterior of the unit. The emergency door or window shall be operable from the inside to provide a full, clear opening without the use of separate tools. Escape or rescue windows shall have a minimum net clear openable area of 5.7 square feet. The minimum net clear openable height dimension shall be 24 inches. The minimum net clear openable width dimension shall be 20 inches. When windows are provided as a means of escape or rescue, they shall have a finished sill height not more than 44 inches above the floor;
 - Bedrooms shall have a ceiling height of not less than eight feet, except as provided in this section. If any room has a sloping ceiling, the prescribed ceiling height for the room is required in only one-half of the area thereof;
- Limiting parking to the number of designated on-site parking spaces of the short term rental parking, with landscaped areas not counted as parking spaces.
- Having an interconnected and hard-wired smoke detection and notification system that is in operable and in good working order at all times.
- Posting all required notices and ensuring advertising for the rental unit conforms to information included in the short term rental business license and requirements of the Ordinance

Signature of owner, operator, managing agency, or managing agent

Date

Notary Public/Notary Seal



Greene County
Hotel/Motel Tax Registration Form
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Hotel/Motel Tax Registration Form

Name of Registrant:			
Choose One:	Homeowner	Managing Agent	
Business Name (if applicable):			
Address of Property Collecting Hotel/Motel Taxes (if multiple – attach listing)		State	Zip

Email address (Primary method of correspondence)			
Phone	()	-	
Mailing Address for Correspondence			
City	State	Zip	

I acknowledge that I have read the hotel/motel tax ordinance. I understand that I must remit all hotel/motel taxes collected monthly to the Greene County Board of Commissioners. If no taxes are collected, I still need to remit a report that shows no taxes are remitted. I also understand that I will be ineligible to receive the 3% administrative fee and I will be responsible for paying interest for any reports/remittances that are late.

 Owner/Managing Agent Signature

 Date