

PUTNAM COUNTY BOARD OF COMMISSIONERS



117 Putnam Drive, Suite A ♦ Eatonton, GA 31024
706-485-5826 ♦ 706-923-2345 fax ♦ www.putnamcountyga.us

LODGING PERMIT INFORMATION (FOR RENEWAL APPLICATIONS)

As specified in the Putnam County Taxation Ordinance adopted on October 3, 1995, your lodging permit is valid only for the calendar year indicated thereon and will not be automatically renewed. A permit holder who desires to continue in business during the next year must make a renewal request on or before December 31st.

Each month, the permit holder is required to mail the monthly report (**even if no rent is collected for the month**) along with the tax due to Putnam County.

Your renewal application package includes the following:

- a) Information Page
- b) County's application (2 pages)
- c) Public Safety Information form
- d) E-Verify & SAVE Documents Confirmation Form

The following must be submitted before we can consider your renewal:

- a) Completed application (2 pages signed and notarized)
- b) Public Safety Information form
- c) E-Verify & SAVE Documents Confirmation Form (signed)
- d) Copy of Valid Driver's License
- e) Application Fee of \$25.00

The application will not be accepted without all of the above documents.

The annual fee shall be paid at the time application is made for the permit renewal. No permit will be issued until all required information has been submitted and approval has been received from the Board of Commissioners Chairman, Tax Commissioner and County Clerk.

The entire application package and complete instructions can also be found on the county web site www.putnamcountyga.us. All forms can be filled out on your computer, then printed, signed, and turned in.

YOUR RENEWAL APPLICATION MUST BE SUBMITTED NO LATER THAN DECEMBER 31st of each year. IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR PERMIT IS RENEWED.

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RENEWAL APPLICATION FOR LODGING PERMIT IN PUTNAM COUNTY, GEORGIA

(A separate rental certificate shall be required for each place of business)

1. **Date of Application:** _____
2. **For Calendar Year:** _____
3. **Annual Permit Fee per Establishment, \$25.00**
4. **Type of Lodging:**
 Hotel Motel Inn
 Bed & Breakfast Boarding House Other _____
5. **Business:**
Business Name _____
DBA Name (if applicable) _____
Location Address _____ Phone _____
City _____ State _____ Zip Code _____
Mailing Address _____ Phone _____
City _____ State _____ Zip Code _____
6. **Owner Information:**
Full Legal Name _____
Home Address _____ Home Phone _____
City _____ State _____ Zip Code _____
7. **Managing Agent (if applicable):**
Full Name _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

8. Who to contact if there are questions regarding the application:

Name _____ Phone _____

Email _____

9. Applicant agrees that the permit applied for by him/her shall not, when granted, become a civil contract between the applicant and the governing authority of the County, but shall operate purely as a permit to the applicant, and said permit may be revoked by the Board of Commissioners of said County at any time.

10. Applicant hereby acknowledges his/her duty to collect a hotel/motel tax and remit same to the County Clerk monthly on or before the 20th day of each succeeding month in which such taxes are collected. **Report is due (even if no rent is collected for the month) on or before the 20th day of the following month.**

11. Applicant herewith tenders the sum of \$25.00 as the permit fee on the business proposed to be conducted by the applicant. Applicant asks that he/she be granted a permit to operate the aforesaid business.

I, _____, solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for a permit to operate rooms, lodgings, or accommodations regularly furnished for value in Putnam County, Georgia is true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said permit. I further state that I have received a copy of Chapter 54 of the Putnam County Code of Ordinances, have reviewed it and understand the requirements and am authorized to make application for said permit.

Print full name as signed below

Signature of Owner or Agent* Title Date

***If signed by the Agent, a "Letter of Agency" must be included with the application.**

Sworn to and subscribed before me

this _____ day of _____, 20_____.

Notary Public (SEAL)

The written application for a lodging permit on file with the Board of Commissioners shall be a permanent record which the permit holder must maintain current with correct information at all times. The failure to maintain a current application shall be grounds for revocation of a lodging permit.

(For Office Use Only)

Name of Business _____

Payment Received: \$ _____ Date _____ Receipt # _____

Approval: (please sign appropriate line below)

Tax Commissioner _____ Date _____

County Clerk _____ Date _____



PUBLIC SAFETY INFORMATION

The information requested in this form is for public safety purposes only. Frequently emergencies (i.e. burglary, fire, etc.) occur at business establishments after hours and it is imperative emergency personnel have the ability to contact business owners or employees. Information regarding hazardous materials will also be of great assistance to fire personnel in the event of a fire on the premises.

Business Name: _____

Street Address: _____

Business Telephone Number: _____

Does Business have an alarm system? Yes No

Name of Alarm Service: _____

Telephone Number of Alarm Service: _____

Does Business have video surveillance cameras? Yes No

Are hazardous materials (flammables, incendiaries, munitions, explosives, or biohazards) stored on business premises? Yes No

If yes, please list all hazardous materials:

Please provide location within building/premises where these materials are stored:

Name of electric utility company providing service to business: _____

Name of natural gas/propane gas vendor providing service to business: _____

List of after-hours contacts to be called in the event of an emergency at the business location:

Name: _____

Address: _____

Telephone #: _____

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E-Verify & SAVE Documents Confirmation Form

I certify the following: (if these statements are not true, please contact the Commissioner's Office to receive different forms)

1. I am a U.S. Citizen and have previously submitted a SAVE Affidavit to Putnam County.

(Please check #2 or #3, not both)

2. I have more than 10 employees and have previously submitted an E-Verify Affidavit to Putnam County.

My E-Verify Number is (must be a number between 4 and 6 digits): _____

My Date of Authorization is: _____

(Above information must match what is currently on file with Putnam County)

3. I have 10 or less employees and have previously submitted an E-Verify Exemption Affidavit to Putnam County.

Please complete the following:

Name of Individual: _____

Name of Business: _____

Address: _____

City, State, Zip Code: _____

Signature: _____

Date: _____