

PUTNAM COUNTY BOARD OF COMMISSIONERS



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

SHORT TERM VACATION RENTAL CERTIFICATE INFORMATION (FOR RENEWAL APPLICATIONS)

Your short term vacation rental certificate is valid only for the calendar year indicated thereon and will not be automatically renewed. A certificate holder who desires to continue in business during the next year must make a renewal request on or before December 31st.

Your renewal application package includes the following:

- a) Information Page
- b) County's STR renewal application (2 pages)
- c) Occupation Registration form (1 page)
- d) Public Safety Information form
- e) E-Verify & SAVE Documents Confirmation Form

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

- a) Completed STR application (2 pages signed)
- b) Completed Occupation Registration (1 page signed)
- c) Public Safety Information form
- d) E-Verify & SAVE Documents Confirmation Form (signed)
- e) Application Fee of \$25.00 for STR Certificate and \$125.00 for Occupation Registration (separate checks)

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 certificate renewal. No certificate will be issued until all required information has been submitted and approval has been received from the Tax Commissioner, County Clerk, and Planning & Development Director.

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 CERTIFICATE IS RENEWED.

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RENEWAL APPLICATION FOR SHORT TERM VACATION RENTALS IN PUTNAM COUNTY, GEORGIA

(A separate rental certificate shall be required for each establishment)

1. **Date of Application:** _____

2. **For Calendar Year:** _____

3. **Application Fee per Establishment, \$25.00**

4. **Type of Lodging:**

Bed & Breakfast Boarding House Private Home

5. **Owner on Record of Dwelling Unit for which a certificate is sought:**

Full Legal Name* _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address: _____

*(If owner is not a natural person, use separate sheet to identify all partners, officers and/or directors of any such entity, including personal contact information.)

6. **Business Name (if applicable):**

Business Name _____

DBA Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address: _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

7. **Unit to be used as a short term vacation rental:**

Address _____

City _____ State _____ Zip Code _____

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

Name _____ Phone _____
Email _____

9. All information on my previous application is still true and valid: Yes No*
*If no, please supply new information.

10. Owner agrees to use his or her best efforts to assure that use of the premises by short term vacation rental occupants will not disrupt the neighborhood and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their properties.

11. Applicant agrees that the rental certificate 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 rental certificate to the applicant, and said rental certificate may be revoked by the Board of Commissioners of said County at any time.

12. 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.**

13. Applicant herewith tenders the sum of \$25.00 as the application fee for the business proposed to be conducted by the applicant. Applicant asks that he/she be granted a rental certificate 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 short term rental certificate 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 certificate. I further state that I have received a copy of Chapter 54 and Appendix D of the Putnam County Code of Ordinances, have reviewed them and understand the requirements and am authorized to make application for said certificate.

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.**

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

(For Putnam County Office Use Only)

Name of Owner _____

Name of Business (if applicable) _____

Payment Received: \$ _____ Date _____ Receipt # _____

Approval: (please sign appropriate line below)

Tax Commissioner _____ Date _____

Planning & Development Director _____ Date _____



PUTNAM COUNTY PLANNING & DEVELOPMENT

117 Putnam Drive, Suite B ♦ Eatonton, GA 31024

Tel: 706-485-2776 ♦ 706-485-0552 fax ♦ www.putnamcountyga.us

OCCUPATION REGISTRATION

CALENDAR YEAR _____

BUSINESS NAME: _____

LOCATION: _____

MAP# _____ PARCEL# _____

TYPE OF BUSINESS: _____ ZONED: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX ID# _____ GA SALES TAX # _____

Number of Employee: Full Time _____ Part Time _____

Date business began in Putnam County _____

Solid Waste Contractor: _____

New Registration _____ Letter of Intent (Describe type of business) _____

Renewal _____

Transfer of Location _____

DOCUMENTS NEEDED:

- Copy of State License (If applicable)
- E-Verify & SAVE Documents Confirmation Form
- E-Verify Affidavit or E-Verify Exemption Affidavit (Required with initial application only)
- SAVE Affidavit Pursuant to O.C.G.A. (If submitting a copy of driver's license we must have a copy of the front and back of license.)

SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

If Partnership, please provide names & addresses of all partners.

If corporation, please provide names of officers and corporate address.

OWNER'S NAME _____

ADDRESS: _____

PHONE: _____

I hereby certify that I am the owner of the above business and that the above information is true and correct.

Signature of Registrant _____ Date: _____

FOR REGISTRATION PURPOSES ONLY

THIS IS NOT AN OCCUPATION/BUSINESS LICENSE OR APPLICATION FOR LICENSE.

OFFICE USE ONLY

FEES PAID: \$125.00 CK _____ CASH _____ CREDIT _____

CARD _____ RECEIPT# _____

EXPIRES: _____

Inspected by: Building Inspector _____ Date: _____

Approved by: P&D Director _____ Date: _____

Fire Marshall: _____ 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: _____