



Case Number: \_\_\_\_\_

## Tourist Accommodation Permit Application

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### Fee Schedule

Application Fee: \$75.00

Annual Fee: \$250.00

Fingerprints: \$44.25

Additional Background Checks (if needed): \$30.00

### Supporting Documents Check List

**Please make sure all information requested is complete and included with the application packet before continuing to the departmental approval.**

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ As-built Scaled Plans of Structure
- \_\_\_\_\_ Copy of Property Deed or Lease
- \_\_\_\_\_ Guest Occupancy Agreement

**Guides for submitting applications through SAGES can be found at:**

<https://fayettecountyga.gov/departments/marshal/forms.php>

**Completed applications can be submitted online at:**

<https://www.sagesgov.com/fayettecounty-ga>

# Tourist Accommodation Permit Application

1. Occupational Tax Number: \_\_\_\_\_

2. Name of Tourist Accommodation for which permit is applied:

\_\_\_\_\_

3. Business Name or DBA: \_\_\_\_\_

4. Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Business Phone Number: \_\_\_\_\_

7. Business Email Address: \_\_\_\_\_

8. Business Web Address: \_\_\_\_\_

9. Will this tourist accommodation be owned by the applicant as a sole proprietorship? \_\_\_\_\_

10. Name and address of each person, firm, and corporation having any ownership interest in business and the amount of such interest:

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<i>Name</i>	<i>Residence</i>	<i>Interest</i>
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<i>Name</i>	<i>Residence</i>	<i>Interest</i>
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<i>Name</i>	<i>Residence</i>	<i>Interest</i>
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11. If this Tourist Accommodation will be owned in whole or in part by a partnership, list the names and addresses of all general partners.

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<i>Name</i>	<i>Residence</i>	<i>Interest</i>
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<i>Name</i>	<i>Residence</i>	<i>Interest</i>
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19. Accommodation type: Use of kitchen  No Use of Kitchen  Bed and Breakfast

20. Number of guestrooms to be rented: \_\_\_\_\_

(In accordance with Sec. 8-211: There shall be no more than two guests permitted per guestroom with the exception of an A-R Bed and Breakfast that is compliant with Sec 11-169.)

21. Current Set Room Rates: \_\_\_\_\_

## Licensee/Operator Information

1. Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

2. Personal Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Personal Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Resident of County: \_\_\_\_\_ State: \_\_\_\_\_

5. Personal Telephone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

6. Personal Email Address: \_\_\_\_\_

7. Is the above address your bona fide place of domicile? \_\_\_\_\_

8. How long have you lived there? \_\_\_\_\_

9. If less than ten years, give your previous address and the length of time you resided at said address.

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# Criminal History

***Do not sign unless in the presence of a notary.***

In the spaces provided below, list all convictions including pleas of nolo contendere, first offender, forfeiture of bond, etc., for any felony or misdemeanor, crimes of moral turpitude, gambling, sexual offenses, assault, battery, family violence, or illegal drugs within the five years prior to the date of application:

<i>Date of Offense</i>	<i>Place of Offense</i>	<i>Type</i>	<i>Disposition</i>
1.			
2.			
3.			

*If additional space is required, attach a sheet with the additional offenses and information.*

Under Georgia Criminal Code Section 16-10-20, any person who knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or device, makes a false, fictitious, or fraudulent statement or representation, shall, upon conviction, therefore, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one year nor more than five years, or both.

I have read and understand that any falsehood or half-truth submitted in this application is a felony and will render me ineligible to operate a tourist accommodation in this county. I also understand that any falsehood or half-truth discovered by investigators during the term of this permit (which is one year from the date of the application) is grounds for its revocation and my subsequent prosecution.

I hereby authorize the Fayette County Marshal's Office to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary

# Verification

***Do not sign unless in the presence of a notary.***

I, \_\_\_\_\_, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Fayette County Tourist Accomodation are true, and no false or fraudulent statement or answer is made therein to procure the granting of such permit.

\_\_\_\_\_  
Applicant's Signature

I certify that the above signed has provided me with proper documentation as verification of his/her identity. I also certify that he/she signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and under oath administered by me, has sworn that said statements and answers are true.

This: \_\_\_\_\_ day of: \_\_\_\_\_, \_\_\_\_\_.

(Affix Seal)

\_\_\_\_\_  
Notary Public

# Tourist Accommodation Ordinance

- My signature acknowledges that I have read and understand the Fayette County Tourist Accommodation ordinance.
- It is my responsibility to know its content.
- This ordinance is strictly enforced.

Should you have any questions, please call this office at 770-305-5417.

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Applicant's Signature

**\*\*\*NOTICE\*\*\***

**Special Events or private functions are not permitted at tourist accommodations with the exception of an A-R wedding event facility that is compliant with Chapter 110 Zoning Sec. 110-169 that contains an A-R bed and breakfast that is compliant with Sec. 110-169.**

# Local Contact Person

## As defined in the Ordinance:

**Local contact person**, shall mean a person who has access and authority to assume management of the accommodation and take remedial measures.

## As stated in the ordinance:

The required permit holder shall designate a local contact person who has access and authority to assume management of the accommodation and take remedial measures. *The operator may designate himself or herself as the local contact person.* The local contact person shall be required to respond to the location of the tourist accommodation after being notified by Law Enforcement or the Fayette County Code Enforcement Office of the existence of a violation of the County Code or any other sections of the Code of Fayette County, or any disturbance requiring immediate remedy or abatement.

## Local Contact Person Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_





# Fayette County Sheriff's Office

**BARRY H. BABB  
SHERIFF**

Randall Johnson Law  
Enforcement Center  
155 Johnson Avenue  
Fayetteville, Georgia 30214  
(770) 461-6353  
EMERGENCY: 9-1-1

### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Fayette County Sheriff's Office to receive any Georgia criminal history record information obtained through the Georgia Crime Information Center (G.C.I.C.) All information must be completely filled out.

\_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH SEX SOCIAL SECURITY NUMBER

RACE:  AMERICAN INDIAN  ASIAN  BLACK  WHITE  
(Per GCIC/NCIC guidelines, only the above races will be accepted for Criminal History purposes by the Georgia Crime Information Center.)

**Name the person and company/organization that will be receiving this information.  
Please check N/A if this does not apply.**

codeviolations@fayettecountyga.gov  
\_\_\_\_\_  
Name of Requestor

Fayette County Marshal's Office  
\_\_\_\_\_  
Name of Company/Organization

\_\_\_\_\_  
N/A

**Please check all that applies:**

- Employment/volunteer work with children (Purpose code 'W')
- Employment/volunteer work with elder care (Purpose code 'N')
- Employment/volunteer work with mentally disabled (Purpose code 'M')

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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Marshal's Office  
140 Stonewall Ave W Suite 205  
Fayetteville, GA 30214  
770-320-6070  
Fayettecounyga.gov



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LAST FIRST MIDDLE MAIDEN

STREET ADDRESS CITY STATE ZIP

DATE OF BIRTH SEX SOCIAL SECURITY NUMBER

RACE:  AMERICAN INDIAN  ASIAN  BLACK  WHITE  
(Per GCIC/NCIC guidelines, only the above races will be accepted for Criminal History purposes by the Georgia Crime Information Center.)

Department: \_\_\_\_\_ Purpose: \_\_\_\_\_

Please check all that applies:

- Employment/Permitting/Volunteer (Purpose Code 'E')
- Employment/volunteer work with children (Purpose code 'W')
- Employment/volunteer work with elder care (Purpose code 'N')
- Employment/volunteer work with mentally disabled (Purpose code 'M')

This authorization is valid for 90 days from date of signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Criminal History Result:  Approved  Denied