



Renewal Personal Care Home Application

Fee Schedule

Application Fee: \$75.00

Annual Fee: \$225.00

Background Checks: \$30.00

Check List

Please make sure all information requested is complete and included with the application packet before uploading.

- _____ Completed Application
- _____ Employee List with Affidavits from DCH of DHR
- _____ Copy of Liability Insurance for Each Location
- _____ Proof of Occupational Tax Certificate Renewal

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>

Personal Care Home Permit Application

1. Occupational Tax Number: _____
2. Business Name: _____
3. Business Street Address: _____
City: _____ State: _____ Zip: _____
4. Business Mailing Address: _____
City: _____ State: _____ Zip: _____
5. Business Phone Number: _____
6. Business Email Address: _____
7. Business Web Address: _____
8. How many employees including Owner and Administrator? _____

Administrator Information (Employee: On-Site, Day-to-Day Operations)

1. Last Name: _____ First: _____ Middle: _____
2. Personal Home Address: _____
City: _____ State: _____ Zip: _____
3. Personal Telephone Number: _____ Work Number: _____
4. Personal Email Address: _____

PCH Owner Information

1. Last Name: _____ First: _____ Middle: _____
2. Personal Home Address: _____
City: _____ State: _____ Zip: _____
3. Personal Telephone Number: _____ Work Number: _____
4. Personal Email Address: _____

I hereby certify that I am the owner or authorized agent or representative of the business named. I further certify that the foregoing information is true and correct to the best of my knowledge.

Signature

Date

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 personal care home 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 Personal Care Home 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

Personal Care Home Ordinance

- My signature acknowledges that I have read and understand the Fayette County Personal Care Home 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.

Applicant's Signature



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Fayette County Marshal's Office to receive any 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.)

Department: FCMO Purpose: Permitting

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: <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
|---|