



Case Number: _____

Tourist Accommodation Permit Application

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

Please return the complete application packet and corresponding documents to the:

Fayette County Marshal's Office
140 West Stonewall Ave.
Suite 205
Fayetteville, GA 30214
770-305-5417
(Tuesday and Thursday 8 am to 11 am)

Approved: _____ Not Approved: _____ Signature: _____ Date: _____

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:

<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.

<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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12. If Tourist Accommodation is operated by a close corporation list names and addresses of all officers, directors, and stockholders, as well as the names and addresses of the permit holder and/or representative.

<i>Name</i>	<i>Residence</i>	<i>Title</i>
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<i>Name</i>	<i>Residence</i>	<i>Title</i>
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<i>Name</i>	<i>Residence</i>	<i>Title</i>
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13. If the business is operated by a corporation, other than a close corporation, list the name of the corporation, the address of the corporate office the name and address of the registered agent, and the name and address of the permit older and/or representative:

14. Is the applicant the owner of the building where the tourist accommodation is to be conducted? _____

15. Is the applicant the landowner of where the tourist accommodation is to be conducted? _____

16. If the answer is no to either question, state whether you lease, sub-lease, and/or rent the building and whether you lease, or sub-lease the land or both. _____

17. Has the applicant entered into an agreement or contract with either the owner or owners, leasers or sub-leasers for either the building or land or both, which provides for the payment of rent on a percentage or profit-sharing basis? _____

18. If the property is not owned by the applicant, state the full name and address of the owner of the building and land where the tourist accommodation will be conducted. State the name and address of all leasers and sub-leasers.

19. Accommodation type: Use of kitchen ☐ No Use of Kitchen ☐ Bed and Breakfast ☐

20. Number of guestrooms: _____

(In accordance with Sec. 8-211: There shall be no more than two quests 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.

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.

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 #: _____

Affidavit Verifying Status For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Fayette County, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Fayette County Business Occupation Tax Certificate, Alcohol License, Tourist Accommodation Permit or other public benefit (circle one) for _____ [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1)_____ I am a United States citizen

OR

2)_____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant Date

Printed Name

* _____
Alien Registration number for non-citizens

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20____

Notary Public

My Commission Expires: _____

***Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below: _____.



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 _____
