



Case Number: _____

Renewal Tourist Accommodation Permit Application

Fee Schedule

Application Fee: \$75.00

Annual Fee: \$250.00

Background Check: \$30.00/each

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
- _____ Copy of Property Deed or Lease (if lease/deed has been changed from initial application)
- _____ Proof of Occupational Tax Certificate Renewal

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: _____

Departmental Approval for Tourist Accommodation

Make sure to have the completed application and all required information before beginning the approval process.

1.) Environmental Health - Suite 200 - 770-305-5421

(For Testing Private Well Water Only)

Print Name: _____

Reviewed By: _____ Approved: _____ Denied: _____ N/A: _____

Date: _____

2.) Building Safety Department - Suite 201 - 770-305-5403

(For A-R Bed and Breakfast Only)

Print Name: _____

Reviewed By: _____ Approved: _____ Denied: _____ N/A: _____

Date: _____

3.) Fire Marshal's Office - Suite 214 - 770-305-5414

Print Name: _____

Reviewed By: _____ Approved: _____ Denied: _____ N/A: _____

Date: _____

4.) Marshal's Office - Suite 205 - 770-320-6070

Print Name: _____ Fingerprints: _____

Reviewed By: _____ OTC: _____

Date: _____ Approved: _____ Denied: _____ N/A: _____

Tourist Accommodation Permit Application

1. Occupational Tax Number: _____

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

3. Business Name: _____

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. Have the number of rooms available for rent changed? _____

Licensee/Operator Information

1. Last Name: _____ First: _____ Middle: _____

2. Personal Home Address: _____

City: _____ State: _____ Zip: _____

3. Personal Mailing Address: _____

City: _____ State: _____ Zip: _____

4. Personal Telephone Number: _____ Work Number: _____

5. Personal Email Address: _____

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
(full name signed in ink)

*****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:

_____.



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



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Fayette County Marshal'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.)

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