



FAYETTE COUNTY TOURIST ACCOMMODATION PERMIT APPLICATION





Fayette County

TOURIST ACCOMMODATION PERMIT APPLICATION

Date Received: _____ Date sent to Comm. Off.: _____

Fees

Application Fee - \$75.00

Annual Fee - \$250.00

Fingerprint Fee - \$44.25

Additional Crim. Histories -- \$30.00 each

Fill in all blanks with complete and accurate information or the application will not be processed and the fee will be forfeited.

FAYETTE COUNTY
CODE ENFORCEMENT

140 Stonewall Ave. West
Suite 202
Fayetteville, GA 30214

Phone: 770-305-5417
Fax: 770-305-5305
E-mail:
CODEVIOLATIONS@FAYETTECOUNTY.GA

Office Use Only

- **Approved**
- **Denied**

Officer's Initials

Remarks

1. Occupational Tax No: _____
2. Name of Tourist Accommodation for which permit is applied:

3. Business Name: _____
4. Street Address: _____
City: _____ State: _____ Zip Code: _____
5. Mailing Address: _____
City: _____ State: _____ Zip Code: _____
6. Phone Number: _____
7. Fax Number: _____
8. E-mail Address: _____
9. Web Address: _____

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

Name	Residence	Interest
Name	Residence	Interest
Name	Residence	Interest
Name	Residence	Interest
Name	Residence	Interest

11. (A) Will this Tourist Accommodation be owned by the applicant as a sole proprietorship? (Circle) Yes No

(B) If this Tourist Accommodation will be owned in whole or in part by a partnership, , list the names and address of all general partners.

Name	Address	Interest
Name	Address	Interest
Name	Address	Interest

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

Name	Address	City	State	Title
Name	Address	City	State	Title

13. If 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 for service of process for the corporation and the names and addresses of the permit holder and/or representative
-
-

14. (A) Is the applicant and/or permit holder the owner of the building/residence where the Tourist Accommodation is to be conducted? (circle)

- Yes
- No

- (B) Are you also the owner of the land? (circle)

- Yes
- No

- (C) If your 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.
-
-
-

15. State the full name and address of the owner of the building/residence and the name and address of the owner of the land and the name and address of all leasers and sub-leasers and attach copies of all lease agreements.
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-

16. Has the applicant and/or permit holder entered into an agreement or contract with either the owner or owners, leasers and sub-leasers for either the building/residence or land or both, which provides for the payment of rent on a percentage or profit sharing basis? (Circle)

- Yes
- No

Fayette County

TOURIST ACCOMMODATION PERMIT APPLICATION

Fill in all blanks with complete and accurate information or your application will not be processed and your fee will be forfeited.

OPERATOR/INNKEEPER INFORMATION:

1. Last Name: _____ First: _____ Middle: _____
2. Title: Property Owner ☐ Lessor ☐ Sub Lessor ☐
3. Your home street address: _____
City: _____ State: _____ Zip Code: _____
4. Your telephone number: _____ Work: _____
5. Your e-mail address: _____
6. Your mailing address: _____
City: _____ State: _____ Zip Code: _____
7. Resident of : _____ County: _____ State: _____
8. Is the above address your bona fide place of domicile? (Circle) Yes No
9. How long have you lived at the above address? _____
10. If less than 10 years, give your previous address and the length of time you resided at said residence: _____

ENTITY INFORMATION

1. DBA (If applicable): _____
2. Legal Business Name: _____
3. Physical Address: _____
City: _____ State: _____ Zip: _____
4. Business Telephone Number: _____ Fax #: _____
5. E-Mail: _____ Web Address: _____
6. Accommodation Type: Use of Kitchen ☐ No use of Kitchen ☐ AR B&B ☐
7. Number of Guestrooms: One room ☐ 2 or more rooms ☐

(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. 110-169)

8. Current Set Room Rates: _____

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 concerning

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.

_____ You must initial that you have read this statement.

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.

Signature of Applicant

Date

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.

Full Name Printed

Address

Sex: _____ Race: _____ Date of Birth: _____ Social Security No.: _____

Notary: _____ Date: _____

Verification

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 County of Fayette permit to operate a Tourist
Accommodation, are true, and no false or fraudulent statement or answer is
made therein to procure the granting of such permit.

Applicant's Signature

(full name signed in ink)

I certify that _____ has
provided me with proper documentation as verification of his/her identity;
documentation being:_____. 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 actually 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 received a copy of 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:



**Fayette County
Tourist Accommodations
Fee Schedule**

Completed Application	Payment of Application Fee	\$75.00
Annual Fee	Payment of Fee	\$250.00
Fingerprints	Payment for each host	\$44.25
Additional Backgrounds	Payment for CH from S.O.	\$30.00

Please return the completed application packet and corresponding documents to:

**Fayette County Code Enforcement
140 West Stonewall Ave.
Suite 202
Fayetteville, Ga. 30214**

(770) 305-5417

Permit Hours: M – F 8:00 am – 11:00 p.m. 2:00 p.m. – 4:00 p.m.

**Tourist Accommodations Permit
Fee Payment Voucher**

Submit the following voucher to the Fayette County Finance Department to make payment for Tourist Accommodations Permit Fee.

RETURN A COPY OF YOUR RECIEPT TO CODE ENFORCEMENT IN SUITE 202

Date: _____

Name(s): _____

Tourist Accommodation Address: _____

Fee: _____

Fayette County Code Enforcement Department

140 W. Stonewall Avenue

Suite 202

Main Number - 770-305-5417

Monday thru Thursday 8:00 a.m. to 11:00 a.m. and 2:00 p.m. to 4:00 p.m.



Fayette County Sheriff's Office

**BARRY 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

RACE

____-____-_____
SOCIAL SECURITY NUMBER

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

Name of Requestor

Name of Company/Organization

N/A

Please check all that applies.

☐ Employment (Purpose code "E")

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** _____

Fayette County Tourist Accommodation Check List

The following information is provided to assist in your application of a Tourist Accommodation permit. This information comes from the ordinances enacted by the Fayette County Board of Commissioners, Chapter 8, Article VI, Section 8-200.

A copy of the actual ordinance is contained within this document for your information. Please read through the entire ordinance as well as the attached application before completing required information. An incomplete application may cause a delay or rejection of the application. Please print or type in black or blue ink only.

_____ Application Received	_____ Date Received
_____ Applicant fingerprinted	
_____ Departmental Check List	
_____ As-built scaled plans of structure. (Bedrooms should be highlighted)	
_____ Copy of property deed or lease	
_____ Payment of fee/fees	
_____ Guest occupancy agreement as required by O.C.G.A 43-21-3.2	

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

Fayette County Code Enforcement Office

140 West Stonewall Ave

Suite 202

Fayetteville, Ga. 30214

(770) 305-5417

(Monday- Friday 8-5)

APPROVED _____ NOT APPROVED _____

Signature

Date

Fayette County Tourist Accommodation Permit

Fire Marshal Regulations per county code

(Following regulations pertaining to residential fire suppression will be required on any whole house rental or rentals that include two or more bedrooms or where the kitchen will be accessible to tenants)

Section 12-152 – Definitions.

Lodging and rooming house shall mean a building or portion thereof that does not qualify as a one or two-family dwelling, that provides sleeping accommodations for a total of 16 or fewer people on a transient or permanent basis, without personal care services, with or without meals, but without separate cooking facilities for individual occupants.

Section 12-153 – Requirements.

- (a) Buildings which are included within the definitions of section 12-152 as residential occupancies shall provide and be protected by a fire sprinkler system in accordance with NFPA 13 or NFPA 13R.
- (b) The owner or occupant of any building shall be responsible for having the system inspected and tested in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition.
- (c) No person shall shut off, disable, or disarm any automatic fire sprinkler system except for the following purposes:
 - (1) In order to perform required or necessary service or maintenance to such system. Any such maintenance may be conducted after notice has been given to the fire department.
 - (2) In the event of accidental damage to the system that causes undo water flow.
- (d) In the event that a fire sprinkler system must stay off for an extended time due to repair or maintenance a fire watch may be required during that period. If required the fire watch is to remain in effect until such time that the system is returned to its full capacity.
- (e) Records of all system inspections, tests and maintenance required by the governing NFPA standard for the systems listed below shall be maintained on the premises for a minimum of two years.

(Ord. No. 2015-02, § 1, 2-12-2015)

Fayette County Code Enforcement Department

Departmental Check List for a Tourist Accommodation

Address : _____, City: _____, GA Zip: _____

Contact Person : _____ Phone Number : _____

1. Planning and Zoning Department - (Suite 202) 770-305-5421

Printed Name:

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

2. Environmental Health - (Suite 200) 770-305-5415

Printed Name: (SEPTIC SYSTEM CAPACITY NUMBER OF BEDROOMS = ____)

Reviewed By: _____ Date: _____ Approved: _____ Denied: _____ N/A: _____
GA DPH TA Permit Required: Yes: _____ No: _____

3. Building Safety Department - (Suite 201) 770-305-5403 (FOR A-R BED AND BREAKFAST ONLY)

Printed Name:

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

4. Fire Marshal Office - (Suite 214) 770-305-5414 Must approve application where 2 or more rooms are

Printed Name: rented and/or kitchen cooking is accessible

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

5. Code Enforcement - (Suite 202) 770-305-5417

Printed Name:

Reviewed By: _____ Date: _____ Approved: _____ Denied: _____

*** NOTICE ***

(The issuance of an Tourist Accommodation Certificate alone is NOT an approval to commence operation)