



Greene County  
Short Term Rental Business License  
Application Checklist  
1034 Silver Drive, Suite 201  
Greensboro, GA 30642  
Phone 706-453-7716

## Application checklist

*County personnel is available to notarize documents if you bring them in the office. However, said documents requiring notarization must not be signed until in the presence of County personnel.*

\_\_\_\_\_ Completed “*Short Term Rental Business License Application*”

\_\_\_\_\_ *Private Employer Affidavit* (completed and notarized)

\_\_\_\_\_ *SAVE Affidavit* (completed and notarized)

\_\_\_\_\_ Copy of secure & verifiable document (driver’s license, U.S. passport, etc)\*

*\*County can provide full listing of secure and verifiable documents as provided by the State of Georgia Attorney General’s Office upon request.*

\_\_\_\_\_ Business license fee (\$75 for <10 employees, \$100 for >10 employees)

*\*\*Note that a copy of a business license from another county or city in Georgia that is associated with real estate, short term rentals, or property management that is provided will exempt you from this fee. However, the above application and forms still must be completed. Additionally, please note that a State of Georgia Corporation Registration is not a business license for these purposes.*

\_\_\_\_\_ Completed “*Code Compliance Verification Form*”

\_\_\_\_\_ Diagram and/or photograph of the premises showing and indicating the number and location of designated on-site parking spaces and the maximum number of vehicles allowed for overnight occupants. NOTE: Landscaped areas of any kind shall not be counted as parking spaces.

\_\_\_\_\_ Completed “*Hotel/Motel Tax Registration Form*”

\_\_\_\_\_ Completed “*Hotel/Motel Tax Collection and Remittance*”

\_\_\_\_\_ Evidence of a valid sales tax certification number issued by the Georgia Department of Revenue



# PRIVATE EMPLOYER AFFIDAVIT

**THIS FORM MUST BE COMPLETED. IF YOU SELECT (a), LIST YOUR FEDERAL WORK PROGRAM AUTHORIZATION IDENTIFICATION NUMBER AND DATE AUTHORIZED. ALL FORMS MUST BE SIGNED BY AN AUTHORIZED OFFICER OR AGENT OF THE BUSINESS AND NOTARIZED.**

## Private Employer Affidavit Pursuant to O.C.G.A. §36-60-6(d)

By executing this affidavit under oath, as an applicant for a Business License as referenced in O.C.G.A. §36-60-6(d), from Greene County, Georgia, the undersigned applicant representing the private employer known as \_\_\_\_\_ verifies one of the following with respect to the application for the above mentioned document:

### Section 1.

*CHECK ONLY ONE.*

- (a) \_\_\_\_\_ The individual, firm, or corporation employed **more than ten (10) employees.**  
(Enter your Federal Work Authorization User Identification Number and Date of Authorization)

**The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6. The undersigned private employer also attests that its federal work authorization user identification number (NOT YOUR FEDERAL TAX ID NUMBER) and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

- (b) \_\_\_\_\_ The individual, firm, or corporation employed **ten (10) or fewer employees.**

### Section 2.

*ALL FORMS MUST BE SIGNED AND NOTARIZED.*

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 O.C.G.A. §16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in, \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**SAVE Affidavit**

**O.C.G.A. §50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a business license, as referenced in O.C.G.A. §50-36-1, from the **Greene County Board of Commissioners**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and **has provided at least one secure and verifiable document**, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as \_\_\_\_\_ . In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



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**Short Term Rental Business License  
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Phone 706-453-7716

**Code Compliance Verification Form**

By signing this form, I certify that I, \_\_\_\_\_, am the owner, operator, managing agency, or managing agent for the following short term rental address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this form and further initialing each item below**, I certify that the above short term rental unit complies with all applicable laws including, but not limited to:

\_\_\_\_\_ Building Codes pursuant to Chapter 10 of the Greene County Code of Ordinances

\_\_\_\_\_ Health and Life Safety Codes

\_\_\_\_\_ Greene County Zoning Ordinance laws **including, but not limited to:**

- Limiting overnight occupancy to two persons per bedroom meeting building code and life-safety code requirements, plus two additional persons per residence. And limiting daytime visitors at any time in a vacation home rental to no more than six persons in addition to the maximum overnight occupancy.
- Ensuring every bedroom has an emergency escape or rescue exit and a minimum ceiling height as follows:
  - Each bedroom shall have at least one operable window or door for emergency escape or rescue that opens directly to the exterior of the unit. The emergency door or window shall be operable from the inside to provide a full, clear opening without the use of separate tools. Escape or rescue windows shall have a minimum net clear openable area of 5.7 square feet. The minimum net clear openable height dimension shall be 24 inches. The minimum net clear openable width dimension shall be 20 inches. When windows are provided as a means of escape or rescue, they shall have a finished sill height not more than 44 inches above the floor;
  - Bedrooms shall have a ceiling height of not less than eight feet, except as provided in this section. If any room has a sloping ceiling, the prescribed ceiling height for the room is required in only one-half of the area thereof;
- Limiting parking to the number of designated on-site parking spaces of the short term rental parking, with landscaped areas not counted as parking spaces.
- Having an interconnected and hard-wired smoke detection and notification system that is in operable and in good working order at all times.
- Posting all required notices and ensuring advertising for the rental unit conforms to information included in the short term rental business license and requirements of the Ordinance

\_\_\_\_\_  
Signature of owner, operator, managing agency, or managing agent

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



Greene County  
**Hotel/Motel Tax Registration Form**  
 1034 Silver Drive, Suite 201  
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 Phone 706-453-7716

### **Hotel/Motel Tax Registration Form**

Name of Registrant:			
Choose One:	Homeowner	Managing Agent	
Business Name (if applicable):			
Address of Property Collecting Hotel/Motel Taxes (if multiple – attach listing)			
City	State	Zip	

Email address (Primary method of correspondence)			
Phone	(     )	-	
Mailing Address for Correspondence			
City	State	Zip	

I acknowledge that I have read the hotel/motel tax ordinance. I understand that I must remit all hotel/motel taxes collected monthly to the Greene County Board of Commissioners. If no taxes are collected, I still need to remit a report that shows no taxes are remitted. I also understand that I will be ineligible to receive the 3% administrative fee and I will be responsible for paying interest for any reports/remittances that are late.

\_\_\_\_\_  
 Owner/Managing Agent Signature

\_\_\_\_\_  
 Date

# Hotel/Motel Tax Collection and Remittance

Rental Property Address: \_\_\_\_\_

\_\_\_\_\_ I solely utilize online platforms to advertise and rent my property. All returns will be submitted by the online platforms marked in the list below.

\_\_\_\_\_ I utilize online platforms to advertise and rent my property, but also rent my property directly. I understand that the online platforms chosen below will remit taxes for listings rented on their site, but that I will be responsible for remitting hotel/motel taxes and sales taxes for listings that I rent directly. I will remit these taxes monthly.

\_\_\_\_\_ I do not use or plan to use an online platform to advertise and rent my property. I am solely responsible for remitting hotel/motel taxes and sales taxes on this property and will remit all taxes monthly.

Which online platforms are you currently using to advertise and rent your property?

\_\_\_\_\_ Airbnb

\_\_\_\_\_ Hotel Tonight, LLC

\_\_\_\_\_ HomeAway.com

\_\_\_\_\_ VRBO

\_\_\_\_\_ Expedia (includes Hotels.com, Hotwire Inc., Numinous LLC, and Travelscape LLC)

\_\_\_\_\_ Egencia, LLC

\_\_\_\_\_ Other (please list names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date