



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

Short Term Rental Business License **RENEWAL APPLICATION**

PROPERTY ADDRESS: _____

Are you still renting this property for periods less than 31 days? Mark no **only** if this decision is permanent.

Yes

No You do not need to answer any of the other questions below. Please sign at the bottom of the page and return.

Has any information changed on the Short Term Rental Business License Application that was filed in the previous year?

If you need to obtain a copy of the original application submitted, please email

shorttermrental@greencountyga.gov to request a copy.

Yes A new application must be filed.

No

Have any changes been made to the Local Contact Person for this property? Please note there is no charge for changes during the renewal period. If the Local Contact Person changes after the renewal period, there is a fee of \$25.00.

Yes A new application must be filed.

No

Do you have an Occupational Tax Certificate or a Business License associated with rental properties or property management from another jurisdiction within the State of Georgia?

Yes Please provide a copy of this certificate/license with your renewal in lieu of the \$75.00 fee. You are also required to submit a notarized Private Employer affidavit with your renewal (attached).

No Please mail payment of \$75.00 with your renewal. You are also required to submit a notarized Private Employer Affidavit with your renewal (attached).

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

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: _____