



Henry County Tax Commissioner
 140 Henry Parkway
 McDonough, GA 30253
 770.288.8180 OPT 5
 www.henrycountytax.com

Short Term Rental Application

Henry County Ordinance 3-3-Article VII

Account #: _____

Date of Due Diligence Meeting: _____

Owner Information

All applications expire 60 days after submission AND fees are assessed at the time of submission.

Name of Business: _____ DBA: _____

Property Owner Name: _____ Property Owner Address: _____

Name of Subdivision: _____ Driver's License Number (Include Copy): _____

Address of Short-Term Rental: _____
City State ZIP

Parcel ID: _____ Additional STR's with the County: _____

Property Owner Phone #: _____ Email Address: _____

Business Type: Sole Proprietorship LLC INC Partnership

INCLUDE COPIES OF LLC OR INC FROM GA SECRETARY OF STATE

(PROPERTY OWNER MUST BE LISTED ON THE LLC OR INC)

Rental Information

Rental Unit Type: Partial Rental Additional Dwelling Unit Full House Rental

Date First Rented: _____

Number of Bedrooms: _____ Number of Bathrooms: _____

Square footage of each Bedroom:

Bedroom # 1 _____, Bedroom # 2 _____, Bedroom # 3 _____,

Bedroom # 4 _____, Bedroom # 5 _____, Bedroom # 6 _____

Number of Vehicles allowed per Ordinance: _____

Short-Term Rental Ordinance Acknowledgement

7.01.02. Standards for all home occupations.

A. All home occupations shall obtain a business license from Henry County.

C. The home occupation shall be clearly incidental to the residential use of the dwelling.

1.The use of the dwelling for a home occupation shall not change the residential character of the building.

2.No internal or external alterations which are inconsistent with the residential use or character of the dwelling shall be permitted.

D. Products for sale or use in the home occupation shall not be visible from the street.

F. The home occupation shall not constitute a nuisance to the surrounding neighborhood.

H. A home occupation shall not use or be located in an accessory building.

Please Read Carefully and Initial Below:

_____ I have read and understand the Ordinance as they pertain to Short Term Rentals (3-3-Article VII)

_____ I have read and understand chapter 3-16, nuisances and chapter 3-17, article IV, noise control of the Henry County Code of Ordinances.

_____ I have read and understand the ULDC 7.01.02 of the Henry County Code of Ordinance pertaining to home occupations

_____ I am aware I must submit monthly the Hotel/Motel 5% excise tax before the 20th of the following month of collection. *Failure to submit monthly excise tax will result in noncompliance and STR license can be suspended. (You will receive an email once your certificate has been issued with a separate account and PIN number with information on how to make these monthly payments.)

_____ I have notified all properties within 300 feet of property of Rental unit and provided the Local contact information to each property owner.

_____ If property is located within a subdivision, submit letter from Homeowners Association allowing Short Term Rental.

_____ I understand that the local emergency contact must reside within 20 miles of the short-term rental and the individual listed cannot be the owner of the home nor live in the home

If no HOA exist, by signing this application, you acknowledge no HOA is active in your subdivision.

_____ I am aware I must have a Due Diligence meeting with The Building Department prior to renting property.

_____ Submit a copy of Brochure required by Ordinance

_____ Submit a SIGNED Affidavit from a Building Inspector with a copy of Building Inspectors State License.

Date of Application

Property Owner Signature



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Short-Term Rental Local Emergency Contact Consent Form

Local Emergency Contact Information and Consent

Local Emergency Contact Name: _____

Local Emergency Contact Address: _____

Local Emergency Contact 24 Hour Phone Number: _____

Local Emergency Contact Email: _____

Local Emergency Contact Driver's License Number: _____

MUST ATTACH COPY OF DRIVER'S LICENSE

Sec. 3-3-202

Local emergency contact means an individual other than the applicant, who resides within twenty (20) miles of the subject property, and who is designated by the owner/applicant to act as the owner's authorized agent if the owner has traveled outside of the immediate area or is otherwise unavailable. The local emergency contact should be reachable on a twenty-four-hour basis, have access to the short-term rental property, and be authorized by the owner to act in the owner's absence to address any complaints, disturbances, and emergencies.

I, _____ hereby acknowledge I will be the 24-hour local emergency contact person for the property located at _____. I consent to be readily available to local emergency personnel 24-hours a day if needed. I acknowledge if I move from my current residence that is within 20 miles from the short-term rental, I will be required to notify the Henry County Occupational Tax Department immediately.

Local Emergency Contact Signature

Date

Legal Status and Private Employer Affidavit

LEGAL STATUS AFFIDAVIT

Please read carefully and check the appropriate box:

- 1. If you are a United States citizen 18 years of age or older please check below.
2. If you are a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United State, please attach a copy of your Alien Registration Card and please check #2 below.

Pursuant of Official Code of Ga Annotated (OCGA) sec 50-36-1, verification of legal status is required for the administration of various public services/public benefits as defined in the Ga Security an Immigration Compliance Act (GSICA). Accordingly, applicants for various public benefits must certify of the following.

1. The applicant must execute an affidavit that he or she is a United States Citizen 18 years of age or older. Or,

2. The applicant must execute an affidavit that he or she is a qualified alien or nonimmigrant under the Federal Immigration and Nationality acct 18 years of age or older lawfully present in the United States

I, as applicant for public services/public benefits as defined in the Ga Security and Immigration Compliance Act (GSICA) certify my legal status to be in the United States of America as marked above, I understand that there may be state and or federal penalties for providing false information on the affidavit required under the GA Security and Immigration Compliance Act. Alien Registration Number of Non-Citizens: _____

PRIVATE EMPLOYER AFFIDAVIT Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate as referenced in O.C.G.A.§ 36-60-6(d), from Henry County, Ga., the undersigned applicant representing the private employer known as _____,

verifies one of the following with respect to my application for the above-mentioned document:

1. Fill out this section if the current date is after July 1, 2013.

(a) On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. E-Verify# _____

(b) On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 1(a) please fill out Section 2 below.

2. 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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representations 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. The granting of this business license or payment of the occupational tax does not waive the right of any federal, state, or local entity to regulate & enforce all laws, ordinances & regulations. I understand it is my company's responsibility to notify the occupational tax department of any changes or closure involved with this business.

Executed on the ___ date of _____, 202__ in _____ (city), _____(state)

NOTARY PUBLIC _____

Signature of Applicant _____

MY COMMISSION EXPIRES _____

Printed Name of Applicant _____

Gross Receipts Page for Occupational Tax Calendar Year

DATE: _____ ACCOUNT# _____

BUSINESS/CORP NAME: _____

BUSINESS ADDRESS: _____

For this office to calculate the Occupational Tax for business owners in Henry County, the following information is needed. If you have any questions, regarding the information requested, please contact our office at (770) 288-8180 opt 5.

IF THE COMPANY WAS IN BUSINESS THIS WILL BE THE GROSS RECEIPTS FROM OCTOBER 1ST OF LAST YEAR TO SEPTEMBER 30TH OF THE CURRENT YEAR.

IF YOU WERE NOT IN BUSINESS DURING THE TIME INDICATED, PLEASE ESTIMATE YOUR ANTICIPATED AMOUNT FOR THE NEXT 12 MONTHS BASED ON YOUR BUSINESS PLAN.

GROSS RECEIPTS: \$ _____

Property Owner Signature: _____

Date: _____

GEORGIA LAW REQUIRES THAT WE KEEP GROSS RECEIPT INFORMATION CONFIDENTIAL

HOTEL – MOTEL OCCUPANCY TAX RETURN

ALL HOTEL/MOTEL MUST BE PAID ONLINE

A separate account # and pin# will be emailed with information to pay online

(ORDINANCE: Article IV Section 3-3-66 thru 3-3-79)

Report for the Month of _____

Name of Hotel _____ Account Number: _____

Address/Location _____

Phone: _____

Mailing Address: _____

Email Address: _____

Number of Rooms: _____

Room Number of Permanent Residents: _____

COMPUTATION OF OCCUPANCY TAX

1. Gross Rental Receipts from Occupancy of Rooms	_____
Less: Income from Exempted Rentals	_____
Income from Permanent Rentals	_____
Government Exemptions	_____
2. Subtotal Exemptions	_____
3. Taxable Rental Receipts (Line 1 less Line 2)	_____
4. Tax Due (5% of Line 3)	_____
5. Operation Compensation Deduct 3% of Line 4	_____
(Allowable only if return is filed and tax paid by the 20 th of the month)	
6. Total Due	_____

**RETURN AND REMITTANCE MUST BE
BY THE CLOSE OF BUSINESS ON THE 20TH DAY OF THE MONTH**

Under the penalties of perjury prescribed by law, I swear or affirm that this return (including any related schedules, statement and/or documents) is, to the best of my knowledge, a true correct and complete return.

Signature: _____ Date: _____

Name Printed: _____ Title: _____



Henry County Building & Plan Review

Short Term Rental Inspection Affidavit
140 Henry Parkway
McDonough, Georgia 30253
(770) 288-6051

OFFICE USE ONLY
Report Verified By: _____
Date Verified: _____

INCLUDE THIS INSPECTION REPORT IN THE APPLICATION FOR OCCUPATIONAL TAX PURPOSES

Date of Inspection: _____ Time of Inspection: _____

Name of Inspector: _____ Inspector ICC ID (if applicable): _____

Inspector Qualifications {O.C.G.A. 8-2-28.1(a)(2)} or InterNACHI / ASHI Certification: _____

Company Name (if applicable): _____

Company Phone (if applicable): _____

Address Information

Subdivision Name: _____

Address: _____

The structure at the address notated above meets all applicable building and life safety codes as required by Henry County ordinance section 3-3-203 (5) for short-term rentals.

Number of Bedrooms: _____

Square footage of each bedroom:

BEDROOM #1	BEDROOM #2	BEDROOM #3	BEDROOM #4	BEDROOM #5	BEDROOM #6	BEDROOM #7

Note: If additional bedrooms exist, please use the comment section below to list each additional bedroom along with the associated square footage.

Comments:

Engineer / Architect Seal (if applicable)

Inspector's Printed Name

Inspector's Signature

Date Signed

OFFICE USE ONLY – MAXIMUM OCCUPANTS FOR EACH BEDROOM						
BEDROOM #1	BEDROOM #2	BEDROOM #3	BEDROOM #4	BEDROOM #5	BEDROOM #6	BEDROOM #7
MAXIMUM OCCUPANTS FOR STRUCTURE - _____						

THIS DOCUMENT SHALL BE PLACED IN A CONSPICUOUS LOCATION WITH THE OCCUPATIONAL TAX CERTIFICATE