



**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 #:** \_\_\_\_\_

**Parcel #:** \_\_\_\_\_

#### Owner Information

The Administration fee of a non-refundable \$60.00 will be collected prior to the scheduling of the Due Diligence meeting. All applications expire 60 days after submission.

DBA: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_

Address of Short-Term Rental: \_\_\_\_\_

Address of Additional STR's within the County: \_\_\_\_\_

Property Owner Phone Number: \_\_\_\_\_

Property Owner Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ please include a copy

Are you a Sole Prop  LLC  INC  Partnership

### **Include copies of LLC, INC OR Partnership.**

#### Local Emergency Contact Information

Local Emergency Contact Name: \_\_\_\_\_

Local Emergency Contact Address: \_\_\_\_\_

Local Emergency Contact Driver's License (Attach Copy with Application): \_\_\_\_\_

Local Emergency Contact phone number: \_\_\_\_\_

Local Emergency Contact Email: \_\_\_\_\_

## Rental Information

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: \_\_\_\_\_

### 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.

\_\_\_\_\_ I have read and understand the Ordinance as they pertain to Short Term Rentals and Noise Ordinance.

\_\_\_\_\_ 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. If no Homeowners Association exist, submit a statement from the Clerk of Superior Court stating no HOA for 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.

\_\_\_\_\_

**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 act 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)

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

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

\_\_\_\_\_  
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 1<sup>ST</sup> OF LAST YEAR TO SEPTEMBER 30<sup>TH</sup> 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: \$ \_\_\_\_\_

Title (Relation to Company): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**GEORGIA LAW REQUIRES THAT WE KEEP GROSS RECEIPT INFORMATION CONFIDENTIAL**

# **HOTEL - MOTEL OCCUPANCY TAX RETURN**

**ALL HOTEL MOTEL MONTHLY 3% MUST BE PAID ONLINE  
An account # and pin# will be email to the email on file 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 <sup>th</sup> of the month)	
6. Total Due	_____

**RETURN AND REMITTANCE MUST BE  
BY THE CLOSE OF BUSINESS ON THE 20<sup>TH</sup> 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): \_\_\_\_\_

Other Qualifications {O.C.G.A. 8-2-26.1(a)(2)}: \_\_\_\_\_

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**