



City of Dawsonville
 415 Highway 53 East Suite 100
 Dawsonville, Georgia 30534
 Phone: (706)265-3256
 Email: permit.tech@dawsonville-ga.gov
 Website: www.dawsonville-ga.gov

SHORT TERM RENTAL LICENSE APPLICATION

NOTICE: Any false answer to any question could result in the denial of a license, or in the event a license is issued, in the revocation or suspension of the license.

TYPE OF LICENSE: RENEWAL ** NEW

**** Applications for renewal must be filed by November 20th of each year or late fees will be assessed.**

**** Renewal Applications received on or after January 1st shall be treated as if it is an initial application.**

- The City MUST receive a copy of Proof of owner's current ownership
- The City MUST receive a copy Proof of insurance indicating that the premises is used as a short-term rental
- The name(s) and address(es) of all adjoining landowners of record for the purpose of providing them notice of the application Notification Copy

Name of Business:

Business Location:

Administrative:	Fee	Subtotal
Application Fee	\$50.00	
Type of License:	Fee	
Full Year	\$225.00	
Half year	\$112.50	
Other:		
Late Fee	\$50.00	
	Total:	

OWNER(S) INFORMATION: If such owner is not a natural person, the application shall identify all partners, officers, and/or directors of any such entity, including personal contact information for each such natural person.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name/Title _____ Phone #: _____ Fax #: _____

Email Address: _____

The owner's agreement to use his or her best efforts to assure that use of the premises by short-term rental occupants will not disrupt the neighborhood, and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their property

Name: _____ Signature: _____ Date: _____

RENTAL AGENT (24 HR Contact Person)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Title _____ Phone #: _____

Email Address: _____

SHORT TERM DEWELLING

Address: _____

City: _____ State: _____ Zip: _____

The number and location of parking spaces allotted to the premises: _____

Maximum Occupancy: _____ Zoning: _____ TMP: _____

OATH:

I, _____ (print name), being the certify that all information contained herein is true and correct. The application has been verified and acknowledged under oath to be true and correct by all owners, partners and interest holders. I have received a copy of ARTICLE XI. - HOTELS AND SHORT-TERM RENTALS has reviewed it and understands its requirements. I understand that submittal of this application and fee does not entitle the applicant to engage in the business applied for until such application is approved, and license is issued. I also understand that it is my responsibility to renew my license annually.

Signature of Applicant: _____ **Date:** _____

Sworn to and subscribed before me

this _____ day of _____ 202_.

Notary Public, State of Georgia

(SEAL)

FOR OFFICIAL USE ONLY:

RENEWAL

Notification to owners sent.

Application Complete

DATE: _____

Payment Received

DATE: _____ My Commission Expires: _____

O.C.G.A. § 50-36-1(e)(2) Affidavit Verifying Status for City Public Benefit

****This form is required for ALL LICENSES/PERMITS by State Law****

By executing this affidavit under oath, as an applicant for an ALCOHOLIC BEVERAGE LICENSE, as referenced in O.C.G.A. § 50-36-1, from the City of Dawsonville, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen

(Must include copy of either current State Driver's License, Passport, or Military ID)

2) _____ I am a legal permanent resident of the United States**

(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

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.**

(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

**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 or 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 Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 202_.

_____ My Commission Expires: _____

NOTARY PUBLIC/SEAL