



City of Blue Ridge

480 West First Street
Blue Ridge, Georgia 30543
(706) 632-2091

SHORT TERM VACATION RENTAL CERTIFICATE INFORMATION (FOR NEW APPLICATIONS)

Before anyone can offer short term vacation rentals to the public in the City of Blue Ridge, Georgia, they must obtain a Short Term Vacation Rental Certificate.

Each month, the certificate holder is required to mail the monthly report *(even if no rent is collected for the month)* along with the tax due to the City of Blue Ridge. **The certificate holder shall identify the current identification number(s) of the dwelling unit on any rental platform.** Your application package includes the following:

- a) Information Page
- b) City's application (3 pages)
- c) Letter of Agency
- d) Lodging Tax Information
- e) SAVE Affidavit
- f) E-Verify Affidavit **if you have more than 10 employees you must complete this affidavit**
- g) E-Verify Exemption Affidavit
- h) Copy of the City's Short Term Vacation Rental Ordinance

The following must be submitted before we can consider your application:

- a) Completed application (all 3 pages signed and notarized)
- b) Letter of Agency (if applicable)
- c) SAVE Affidavit (signed and notarized)
- d) E-Verify Affidavit **OR** E-Verify Exemption Affidavit (signed and notarized)
- e) Copy of Valid Georgia Driver's License or other acceptable Secure & Verifiable Document of owner or agent
- f) Application Fee of \$25.00

The application will not be accepted without all of the above documents.

The annual fee shall be paid at the time application is made for the certificate. No certificate will be issued until all required information has been submitted and approval has been received from the City Clerk and the Zoning and Land Use Director or their designee.

RENEWALS

Short Term Vacation Rental certificates are renewable annually by December 31st.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR CERTIFICATE IS RENEWED.

APPLICATION FOR SHORT TERM VACATION RENTALS IN CITY OF BLUE RIDGE, GEORGIA

(A separate rental certificate shall be required for each establishment)

1. Date of Application: _____

2. Type of Certificate – please check one:

New Renewal

3. Annual Rental Certificate Fee per Establishment, \$25.00

4. Type of Lodging:

Bed & Breakfast Boarding House Private Home

5. Owner on Record of Dwelling Unit for which a certificate is sought:

Full Legal Name* _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address: _____

*(If owner is not a natural person, use separate sheet to identify all partners, officers and/or directors of any such entity, including personal contact information.)

6. Business Name (if applicable):

Business Name _____

DBA Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address: _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

7. Unit to be used as a short term vacation rental:

Address _____

City _____ State _____ Zip Code _____

8. Maximum occupancy (this shall be the same number as advertised and marketed to potential renters by or on behalf of the owner: _____)

*Owner shall not allow overnight occupancy to exceed the maximum capacity

9. Who to contact if there are questions regarding the application:

Name _____ Phone _____

Email _____

10. Agent: (if other than owner) *Please provide 24 hour contact information

[This person shall:

- a. Be reasonably available to handle any problems arising from use of the rental unit;
- b. Be available by telephone within 24 hours following notification from the City Clerk or the City Attorney, or his/her designee, of issues related to the use or occupancy of the premises;
- c. Receive and accept service of any notice of violation related to the use or occupancy of the premises; and
- d. Monitor the rental unit for compliance with the City of Blue Ridge Code of Ordinances]

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address: _____

11. Owner agrees to use his or her best efforts to assure that use of the premises by short term vacation rental occupants will not disrupt the neighborhood and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their properties.

12. Applicant must attach the following:

A copy of an exemplar agreement between the owner and occupant(s) which obligate the occupant to abide by all of the requirements of the City of Blue Ridge ordinances, state and federal law, and that such a violation of any of these rules may result in the immediate termination of the agreement and eviction from the premises, as well as potential liability for payment of fines levied.

Proof of the owner's current ownership of the short term vacation rental unit

13. Applicant agrees that the rental certificate applied for by him/her shall not, when granted, become a civil contract between the applicant and the governing authority of the City, but shall operate purely as a rental certificate to the applicant, and said rental certificate may be revoked by the City Council of said City at any time.

14. Applicant hereby acknowledges his/her duty to collect any required tax and remit same to the City monthly on or before the 20th day of each succeeding month in which such taxes are collected and set forth in writing how the tax was calculated. Report is due (even if no rent is collected for the month) on or before the 20th day of the following month. Late payments of this tax shall incur a past due penalty of the same past due penalty charged for property taxes.

15. Applicant herewith tenders the sum of \$25.00 as the rental certificate fee on the business proposed to be conducted by the applicant. Applicant asks that he/she be granted a rental certificate to operate the aforesaid business.

I, _____, solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for a short term rental certificate is true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said certificate. I further state that I have received a copy of City of Blue Ridge Short Term Vacation Rental ordinance, have reviewed same and understand the requirements and am authorized to make application for said certificate.

Print full name as signed below

Signature of Owner or Agent*

Title

Date

***If signed by the Agent, a "Letter of Agency" must be included with the application.**

Sworn to and subscribed before me
this _____ day of _____, 20_____.

Notary Public (SEAL)

The written application for a rental certificate on file with the City Council shall be a permanent record which the certificate holder must maintain current with correct information at all times. The failure to maintain a current application shall be grounds for revocation of a rental certificate.

(For City of Blue Ridge Office Use Only)

Name of Owner _____

Name of Business (if applicable) _____

Payment Received: \$ _____ Date _____ Receipt # _____

Approval: (please sign appropriate line below)

City Clerk _____ Date _____

Land Use Director _____ Date _____

(Designee) _____ Date _____

**LETTER OF AGENCY FOR
SHORT TERM VACATION RENTALS**

I/We, the undersigned owner(s) of real property located in the City of Blue Ridge, Georgia, Georgia, hereby appoint _____ to be my/our Agent for the purpose of applying for a Short Term Vacation Rental Certificate for the following address:

Attached hereto is proof of current ownership of the property to which this Letter of Agency applies.

The above named Agent hereby is authorized to complete and sign the application for a Short Term Vacation Rental Certificate on our behalf. We understand that this Letter of Agency will be attached to and made part of the application and will be relied upon by the City of Blue Ridge. For and in consideration of the City of Blue Ridge accepting this Letter of Agency, we hereby indemnify and hold harmless the City of Blue Ridge and its agents and/or employees in the event that the above named agent should misuse this Letter of Agency and we suffer damages as a result.

This _____ day of _____, 20_____.

Property owner(s):

Signature: _____

Name: _____

Address: _____

Phone: _____

Sworn to and subscribed before me
this _____ day of _____, 20_____.

Notary Public (SEAL)

SAVE Affidavit

(U.S. Citizens are only required to provide this affidavit one time)

By executing this affidavit under oath, as an applicant for a City of Blue Ridge Short Term Vacation Rental Certificate as referenced in O.C.G.A. § 50-36-1, from the City of Blue Ridge City Council, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Please check one box only

- 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 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: _____

Printed Name: _____

Date _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____

Notary Public Signature: _____

Affix Notary stamp/seal here

My Commission Expires: _____

E-Verify Affidavit

(For Businesses that have more than 10 employees)

(Required with initial application only)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36- 60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

E-Verify Number (must be a number between 4 and 6 digits): _____

Date of Authorization: _____

Name of Individual or Business: _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the ____ day of _____, 20__
in _____ (city), _____ (state).

Signature of Owner, Authorized Officer or Agent: _____

Printed Name and Title of Owner, Authorized Officer or Agent: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF _____, 20__

Notary Public Signature: _____

Affix Notary stamp/seal here

My Commission Expires: _____

E-Verify Exemption Affidavit
(For Businesses that have 10 or less employees)
(Required with initial application only)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

Name of Business or Individual: _____

Address: _____

City, State, Zip Code: _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the ____ day of _____, 20__ in _____ (city),
_____ (state).

Executed on the ____ day of _____, 20__
in _____ (city), _____ (state).

Signature of Owner, Authorized Officer or Agent: _____

Printed Name and Title of Owner, Authorized Officer or Agent: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF _____, 20__

Notary Public Signature: _____ Affix Notary stamp/seal here

My Commission Expires: _____