



Tax Commissioner's Office
188 Third Street, Macon, GA 31201
Mail to: Tax Commissioner's Office
PO Box 4503
Macon, GA 31208-4503

SHORT TERM VACATION RENTAL PERMIT
Permit Fee: \$100.00

Property Address:

Parking Spaces:

How many parking spaces are there? _____

Where, on or near the property, are the parking spaces

Owner of property:

Name: _____

Address: _____

Telephone: _____

Email: _____

If there are additional owners, please submit the completed Additional Owner(s) Form with the application.

By signing below, I certify that all information contained on this application, and on all forms submitted herewith is correct and complete to the best of my knowledge. I further certify that I have reviewed the relevant code sections and have an understanding of the requirements.

Signature of Owner

Date

Sworn to and subscribed before me this

_____ day of _____, 20_____.

Notary Public

My Commission Expires

Additional owner(s) form

If owner is not a natural person, please list all partners, officers and or directors up to three persons holding the highest position or greatest interest in such entity.

Owner of property:

Name: _____

Address: _____

Telephone: _____

Email: _____

Owner of property:

Name: _____

Address: _____

Telephone: _____

Email: _____

Owner of property:

Name: _____

Address: _____

Telephone: _____

Email: _____



**Tax Commissioner's Office
188 Third Street
Macon, Georgia 31201**

The owner of an STVR shall designate themselves or another individual as the rental agent. This person must be available 24 hours per day and shall be responsible for managing any problems or complaints related to the STVR unit, receiving and accepting service of violation or citation related to the STVR unit, monitoring the unit and premises for compliance with all local, state and federal laws, ensuring regular inspections as mandated, ensuring the permit number is included in all advertisements and ensuring that a legible copy of the STVR permit and agent contact information is readily visible within the unit.

Agent Information

Name: _____

Address: _____

*Telephone: _____

Email: _____

*This information shall constitute the agent's 24-hour emergency contact information.

By signing this form, I hereby certify that I have read the relevant code sections and have an understanding of the requirements. I further agree to use my best efforts to assure all agent responsibilities are met.

Agent Signature _____

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

Notary Public

My Commission Expires: _____

Macon-Bibb County

Certificate of Good Standing

1.Name and Title of the applicant:_____

2.Name of the subject of this Certificate, if different from the applicant:

3.Benefit or privilege for which the applicant is applying (mark one):

☐ Building Permit	☐ Plat Approval	☐ Building Inspection Report	☐ Certificate of Occupancy
☐ Alcohol License (Any)	☐ Privilege License (Any other than alcohol)	☐ Political Appointment	☐ Competitive Contract Bid or Proposal
☐ Non-Competitive Contract over \$50,000	☐ Registering to Bid on Real Property	☐ STVR Permit	☐ Other: _____

4.If the subject is an individual or sole proprietorship, then list all business entities in which the subject has a direct or indirect ownership interest of 25% or more, or legal control over. If the subject is an entity, then list all individuals who have a direct or indirect ownership interest of 25% of more in the subject entity, or who exercise legal control of the entity. Use additional sheets if needed.

5.I, the undersigned, do hereby swear or affirm that the information contained in this Certificate is true and complete to the best of my available knowledge. I further swear or affirm that, as of today, none of the individuals or entities listed in this Certificate are more than 90 days delinquent on the payment of any ad valorem property taxes due to the Macon-Bibb County Government. I understand that giving false, incomplete, or inaccurate information on this Certificate may result in the denial of any privilege the applicant is applying for, as well as the revocation of any privilege previously granted by Macon-Bibb County, and may constitute the crimes of false writing or false swearing, which carry a penalty of up to five years in prison and up to a \$1,000 fine.

Print and Sign Name

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

Notary Public
My commission expires:



**Tax Commissioner's Office
188 Third Street
Macon, Georgia 31201**

Please provide the following with the completed application:

_____ **The owner's sworn code compliance verification form**

_____ **Proof of the owner's current ownership of the STVR unit (Deed or Screenshot from Tax Assessors website)**

_____ **Written rules that shall be posted in the STVR unit including:**

- **Acknowledgment that it shall be unlawful to cause or allow any noise or sound that exceeds the limits of local ordinance**
- **Acknowledgment that the occupancy for the STVR unit is limited to two adults per bedroom and the location and amount of on-site parking**
- **Acknowledgment and agreement that violations may result in immediate termination of the rental agreement and eviction from the STVR by owner or agent, as well as potential liability for payment of fines levied by Macon-Bibb County**

Please acknowledge the following by placing your initials in the space provided.

_____ **If the STVR agent changes, it shall be incumbent upon the owner to notify Macon-Bibb County within ten calendar days.**



**Tax Commissioner's Office
188 Third Street
Macon, Georgia 31201**

Code Compliance Verification Form

I hereby certify under penalty of perjury that I have received a copy of Ch. 7, Art. II, Div. 14.5 of the Macon-Bibb County Code of Ordinances, and that I understand and agree to follow its requirements. I understand that I am required by law to publish the permit holder's name and permit number on any advertisement or listing offering this STVR property for rental. I understand that I am responsible to determine for myself which state or local inspection or registration requirements, or taxes, apply to rentals of my STVR property, including, without limitation, building and fire codes and inspection requirements, zoning compliance, environmental health inspections, sales and use tax, hotel-motel tax, hotel-motel fee, and other such taxes or fees. I agree to pay all state and local taxes as required by law. I agree to abide by, observe, and conduct business according to the rules and regulations prescribed by Macon-Bibb County, the acts of the Georgia General Assembly, and the State Department of Revenue.

I further certify that I understand that the Tax Commissioner's Office is not permitted to give me legal advice concerning which laws or regulations apply or do not apply to my business.

Signature of Owner

Date

Printed Name of Owner

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

Notary Public
My Commission Expires:



BIBB COUNTY TAX COMMISSIONER

SAMUEL WADE MCCORD

P.O. Box 4724 Macon, GA 31208-4724

Physical Address: 188 Third Street, Macon, GA 31201

**APPLICATION FOR CERTIFICATE OF AUTHENTICITY TO COLLECT HOTEL-MOTEL TAX
(PLEASE COMPLETE AND RETURN TO ABOVE ADDRESS)**

NAME OF CORPORATION _____

NAME OF BUSINESS _____

LOCATION OF BUSINESS _____

MAILING ADDRESS _____

PHONE NUMBER _____ **EMAIL ADDRESS** _____

OFFICERS: PLEASE TYPE OR PRINT

PRESIDENT _____

SECRETARY _____

PRIVATE OWNERSHIP

OWNER _____

PARTNER _____

NUMBER OF ROOMS IN ESTABLISHMENT _____

SIGNATURE _____

DATE _____

MACON-BIBB TAX COMMISSIONER

BY: _____

**SAMUEL WADE MCCORD
TAX COMMISSIONER**

CERTIFICATE NUMBER: _____

DATE APPROVED: _____

MACON-BIBB COUNTY, GEORGIA
(S.A.V.E.) SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS
O.C.G.A. § 50-36-1 (e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a Macon-Bibb County, Georgia, Occupation Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1; the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the attached list.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

Please check only one option above and submit the required documents with your application.
Please note that the failure to do so will result in a processing delay.

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.

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.

Business Name: _____

Printed Name of Applicant: _____

*Signature of Applicant: _____

SUBSCRIBED AND SWORN BEFORE ME ON

THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES