

Hart County Short Term Rental Business License Application 800 Chandler St Hartwell, GA 30643 Phone 706-376-2024

Date	— hort Term Rental Bus	iness License A	Application	
Property Owner/Operator				
Short Term Rental Address				
City			State	Zip
Phone	() -		
Email address				
Mailing Address for Correspor	ndences			
City			State	Zip
	,			
Number of Bedrooms		n Overnight Oc		
Heated Square Footage	Are you a fulltime resident at this Rental Property?			
Agent/Representative/Local Co	ontact Person			
Address				
City			State	Zip
Phone		() -		
Email address				
Alternate Agent/Representative	e/Local Contact Person			
Address				
City			State	Zip
City		()	<u>,</u>	•
Phone		() -		

If yes, you will need to provide a copy of your monthly statement from your agency to us.

Initial each item below:	
I acknowledge that the owner, and agent an comply with all regulations pertaining to the open	<u> </u>
I acknowledge that the owner, agent and/or rental, the notice required by the Short-Term Ren license and a copy of the conditions set forth in the	
I certify that the information submitted above	ve and attached herein is true and correct.
Owner Signature	Date
Agent/Local Contact Person Signature	Date
AFFIDAVIT (IF APPLICABLE)	
By signing this statement, I verify that the Rental residence.	addresses listed is my primary place of
Property Owner Signature	Date
AFFIDAVIT	
By signing this document, I verify that I have rea ORDINANCES, Chapter 22 BUSINESSES, ARTORDINANCE. As stated in Section (7) "any fals application are grounds for denial or revocation of applications,". This license is nontransferable. * OCCUPANTS YOU MUST ABIDE BY STATE	FICLE II. SHORT-TERM RENTAL se statements or information provided in the of a license, including the denial of future **IF YOU HAVE 10 OR MORE
Property Owner Signature	Date