



TOWN OF TYRONE

**TOURIST ACCOMMODATION
PERMIT APPLICATION**

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Fees:

**Background Check - \$15.00
Annual Registration - \$100.00**

Occupational Tax Number: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Tourist Accommodation Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Name: _____

Phone Number: _____

Fax Number: _____

Email: _____

Will this tourist accommodation be owned by the applicant as a sole proprietorship?

Circle One: Yes No

If this is not a sole proprietorship, list the name and contact information of each person, firm, or corporation having any ownership interest in the business and the amount of such interest:

Name	Phone	Email	Interest
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Name	Phone	Email	Interest
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Name	Phone	Email	Interest
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Name	Phone	Email	Interest
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Name	Phone	Email	Interest
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Is the applicant the owner of the building/residence where the Tourist Accommodation is to be conducted? Circle One Yes No

Are you the owner of the land? Circle One Yes No

If the answer to either of the above questions is “No”, state whether you lease, sub-lease, or rent the building and whether you lease or sub-lease the land or both.

If you lease, sub-lease, or rent the building or land, provide the owner’s information:

sexual offenses, assault, battery, family violence, or illegal drugs within the five years prior to the date of application:

	Date of Offense	Place	Type	Disposition
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

If additional space is required, attach a separate page with the additional offences and information.

Under Georgia Criminal Code Section 16-10-20, any person who knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or device, makes a false, fictitious, or fraudulent statement or representation, shall, upon conviction therefore, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one year nor more than five years, or both.

_____ You must initial that you have read this statement.

I have read and understand that any falsehood or half-truth submitted in this application is a felony and will render me ineligible to operate a Tourist Accommodation in this County. I also understand that any falsehood or half- truth discovered by investigators during the term of this permit (which is one year from the date of the application) is grounds for its revocation and my subsequent prosecution.

Signature of Applicant

Date

VERIFICATION

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Town of Tyrone permit to operate a Tourist Accommodation, are true, and no false or fraudulent statement or answer is made therein to procure the granting of such permit.

Applicant's Signature

I certify that _____ has provided me with proper documentation as verification of his/her identity; documentation being: _____. I also certify that he/she signed his/her name to the foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and under oath actually administered by me, has sworn that said statements and answers are true.

This: _____ day of: _____, 20__ .

(Affix Seal)

Notary Public

TOURIST ACCOMMODATION ORDINANCE

My signature below acknowledges that:

- I have received a copy of the Town of Tyrone Tourist Accommodation ordinance;
- I understand it is my responsibility to know its contents and ensure compliance;
- I understand that the ordinance prohibits special events and private functions at tourist accommodations.
- I understand that the ordinance is strictly enforced and that my permit may be revoked if any of its provisions are violated.

Applicant's Signature

Date

LOCAL CONTACT PERSON

As defined in the ordinance:

Local contact person shall mean a person who has access and authority to assume management of the accommodation and take remedial measures.

As stated in the ordinance:

The required permit holder shall designate a local contact person who has access and authority to assume management of the accommodation and take remedial measures. The operator may designate himself or herself as the local contact person. The local contact person shall be required to respond to the location of the tourist accommodation after being notified by Law Enforcement or Code Enforcement of the existence of a violation of the Town Code or any disturbance requiring immediate remedy or abatement.

Local Contact Person Information:

Name: _____

Address: _____

Phone: _____

Email: _____

**Affidavit Verifying Status
For Public Benefit Application**

By executing this affidavit under oath, as an applicant for a Fayette County, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Fayette County Business Occupation Tax Certificate, Alcohol License, Tourist Accommodation Permit or other public benefit (circle one) for _____ [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: _____ Date _____

Printed Name: _____

* _____

Alien Registration number for non-citizens

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

___ DAY OF _____, 20___

Notary Public

My Commission Expires: _____

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for _____ days from date of signature.

I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Purpose Code E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form.*

NON-CRIMINAL JUSTICE PURPOSES	
E	Employment
M	Employment direct care with Mentally Ill/Developmentally Disabled
N	Employment direct care with Elderly
W	Employment direct care with Children
P	Public Record (no consent required)
F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT	
J	Civilian Criminal Justice Employment (state and III data received)
Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (check all that apply):

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

Agency Designee Signature and Title

DEPARTMENTAL REVIEW CHECK LIST FOR A TOURIST ACCOMMODATION

Address: _____

Contact Person: _____ Phone: _____

It is the applicant's responsibility to contact these departments to make arrangements for a review.

1. Tyrone Planning & Zoning - 770-487-4038
Reviewed By: _____ Date: _____
____ Approved ____ Denied ____ N/A

2. Fayette County Environmental Health – 770-305-5415
Reviewed By: _____ Date: _____
(Septic System Capacity Number of Bedrooms = _____)
____ Approved ____ Denied ____ N/A

3. Fayette County Fire Marshal – 770-305-5414
Reviewed By: _____ Date: _____
____ Approved ____ Denied ____ N/A

TOURIST ACCOMMODATION APPLICATION CHECKLIST

The following information is provided to assist you in your application for a Tourist Accommodation permit. ALL of the items listed are required before an application will be processed.

- Operational Tax Certificate from the Town Clerk (Required to operate a business within the Town) – Learn more at www.tyronega.gov/business-registration
- Hotel/Motel Excise Tax Registration Form (Required by Ordinance Sec. 22-146) – Available at www.tyronega.gov/hoteltax
- Departmental Review Checklist
- As-built plans of the structure to be used
- Copy of Property Deed or Lease
- Guest Occupancy Agreement as required by OCGA 43-21-3.2
- Completed Criminal History

Please submit the completed application packet and corresponding required documents to:

**Town of Tyrone
Town Manager
950 Senoia Road
Suite A
Tyrone, Georgia 30290**

This application is ____ Approved ____ Not Approved.

Town Manager (Or Designee)

Date