



## 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.

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. Appear on the premises 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
- Proof of homeowner's insurance

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.



**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:

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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:

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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: \_\_\_\_\_