Submit online or deliver original application to:
Lumpkin County Planning Department
25 Short St, Dahlonega, GA 30533

All questions MUST be answered legibly in blue or black ink and application must be notarized. Additional information may be required.
Incomplete applications will be denied

☐ **Application for new STR**   ☐ **Application for renewal**   ☐ **Application for Change of Ownership**

STR RENTAL HOST CONTACT INFORMATION (Innkeeper) ** If applicant is a business entity, list the name of the authorized agent.	Name: _____ Mailing Address for applicant: _____ Email address: _____ Daytime Phone _____ Mobile Phone _____ Emergency Contact: Name _____ Phone number _____
RESPONSIBLE PARTY CONTACT INFORMATION **24 hours/7days a week Respond within 2 hours of complaint/issue.**	Name: _____ Mailing Address: _____ Email address: _____ Daytime Phone _____ Mobile Phone _____
PROPERTY INFORMATION	Street Address of Property: #1. _____/City_____ #2. _____/City_____ #3. _____/City_____ #4. _____/City_____ Unit/Suite/Apt _____ Owner of record of the property: _____ Current use of dwelling unit/small lodging/B&B: _____ Does property **owner owe any Lumpkin County property tax?** ☐ YES or NO ☐ Total number of bedrooms in the STR _____ Total number of parking spaces on property _____ ☐ Residential Structure ☐ Small Lodging ☐ B&B ☐ Other

DWELLING INFORMATION	**Is the STR equipped with any of the following:**
	Monitored smoke alarm/detection system monitored by 3rd party? ☐ YES or NO ☐
	Stand alone or interconnected smoke detectors? ☐ YES or NO ☐
	Fire Sprinkler System? ☐ YES or NO ☐
	Are you making any of the following changes to accommodate this use:
	Structural or layout changes to the building? ☐ YES or NO ☐
	Adding or changing heating, ventilation, or air conditioning systems? ☐ YES or NO ☐
	Adding or changing plumbing systems? (sinks, toilets, showers, etc)? ☐ YES or NO ☐
	Adding or changing electrical (lights, switches, outlets, etc.)? ☐ YES or NO ☐

APPLICATION CHECKLIST: The following information and documentation must accompany the application (please attach or upload ALL documents)	☐ **Copy of driver's license.**
	☐ **Non-refundable application fee of $100**
	☐ Responsible Party Affidavit is complete and provided to the planning department.
	☐ Set up hotel/motel tax proceeds account with Finance Department.
	☐ How is the STR advertised?　　VRBO　　　AirB&B　　　Other 　　VRBO#_____　　AirB&B#_____　　Other#_____ 　　_____　　　_____　　　_____ 　　_____　　　_____　　　_____ 　　_____　　　_____　　　_____
	☐ Direct link to property on STR Advertising Website(s):_____
	☐ Establish a sales and use tax account with the state of Georgia.
	☐ Provide the Georgia sales tax number to the Planning Department.#_____

I hereby certify and acknowledge by my initials and signature below that:

_____ this application is complete and accurate, and

_____ I have reviewed and understand the applicable Land Use and STR regulations for operating a STR,

_____ I am the owner or agent of the property where the STR unit is to be located,

_____ I will/will not reside overnight on the property while STR guests are present ,

_____ this property has no deed restrictions or covenants that prohibit STR's,

_____ I will keep a guest register including names, addresses and dates of occupancy of all guests,

_____ I will comply with all business license and revenue collection laws of the County and State,

_____ the portion of the premises used for the STR use may be inspected by County personnel on an annual basis to check for compliance as per Lumpkin County Ordinances,

_____ I am aware that an annual renewal is required,

_____ that I have no financial obligations with Lumpkin County.

**STR must be reported to the Assessor in writing within 1 month of the change in use or beginning of the use.

Signature of prospective STR owner or agent: _____   Date:_____

Sworn to me this _____ day of _____, 20_____

_____

Notary Public

My Commission expires _____

Once an application is received and determined to be complete, the Planning staff will review the submitted documents to ensure land use compliance and additional information may be requested.

OFFICE USE ONLY	date & time application received:		fee:	receipt#:	STR Host license #_____
Results: ☐ Approved ☐ Approved w/ conditions ☐ Disapproved Date:					
Conditions:_____					