



City of Hapeville Short-Term Rental Permit Application

Short-Term Rental Address:		# of Parking Spots	
Owner Name:	Last	First	M.I.
Owner Name:	Last	First	M.I.
Owner Mailing Address:			
Owner Email:		Owner Phone:	
Business Name:			
Social Security Number or Tax ID Number of Owner(s)			Primary Resident Y/N
Local Rental Agent Contact:	Last	First	M.I.
Local Rental Agent Contact Email:		Local Rental Agent Phone:	
STR URL listing(s)			

CERTIFICATION:

I certify under penalty of perjury that the information provided herein is true and correct. As the owner for the short-term rental property referenced above, I have read all regulations pertaining to the operation and occupancy of a short-term rental. I agree to adhere to all requirements as prescribed in City of Hapeville Ordinance 17-7-12, Short- Term Rentals.

Short-Term Rental Owner Signature Date

Short-Term Rental Owner Signature Date



City of Hapeville Short-Term Rental Permit Application Affidavit

State of Georgia

County of _____

This application was acknowledged before me on this _____ day of

_____, 20__ by _____
Name of signer

Notary Public

Commission Expires

NOTARY SEAL

Approved Y/N	Permit #
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Application Reviewed By:

Hapeville Representative Signature Date

RETURN COMPLETED APPLICATION FORM AND ATTACHMENTS TO:
City of Hapeville Occupational Tax Division
3468 North Fulton Ave Hapeville, GA 30354

QUESTIONS?

Please contact Angela Floyd, Occupational Tax Permit Clerk, 404-669-2105 or email: AFloyd@hapeville.org