



SHORT TERM LODGING APPLICATION NEW/RENEWAL

I. APPLICATION TYPE AND PROPERTY INFORMATION		
New or Renewal and what Year?		
Year: _____		
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	
Required Documents in addition to this Application: <ol style="list-style-type: none"> 1. <input type="checkbox"/> Proof of Ownership of property: Deed and Utility Bill. 2. <input type="checkbox"/> If dwelling is Habitable Accessory Structure, copy of approved Special Use Permit issued by City of East Point. 3. <input type="checkbox"/> Site plan of property indicating which structure lodgers will be dwelling and available parking for lodgers. 4. <input type="checkbox"/> Floor plan of dwelling showing layout of rooms and bathrooms. 5. <input type="checkbox"/> Proof of Liability Insurance. 6. <input type="checkbox"/> Proof of any shared parking plan or rental of spaces upon which applicant will rely for the parking of lodgers. 7. <input type="checkbox"/> Copy of Written Agreement to be used with lodgers. 8. <input type="checkbox"/> ID of Applicant and all Owners of the property. 	Required Documents in addition to this Application: <ol style="list-style-type: none"> 1. <input type="checkbox"/> Current Proof of Ownership of property: Recent Tax Bill and Utility Bill. 2. <input type="checkbox"/> Current Proof of Liability Insurance. 3. <input type="checkbox"/> Copy of Previous Issued Short Term Lodging Permit issued by City of East Point 4. <input type="checkbox"/> ID of Applicant and all Owners of the property. 	
Address of Short-Term Rental Location - REQUIRED		
Dwelling Type: (Check only one) - REQUIRED		
<input type="checkbox"/> Primary Structure (Single Family Only)	<input type="checkbox"/> Habitable Accessory Structure (Requires approved and issued Special Use Permit from East Point PCD)	
# of Rooms and Parking - REQUIRED		
Total Number of Rooms: _____	Total Number of Guest Rooms: _____	Total Number of Bathrooms: _____
# of Parking Spaces for Lodgers: _____	<input type="checkbox"/> Parking Spaces are provided by shared location.	<input type="checkbox"/> Location is bound by Homeowner's Association Covenant(s).
II. TYPE OF LODGING (Check Only One)		
<input type="checkbox"/> Home Stay (\$75.00 Fee) <i>The owner of the dwelling lives at primary dwelling as primary residence and acts as "Home-Stay" host while rooms other than owner's main room is available for lodgers.</i>	<input type="checkbox"/> Whole House (\$150.00 Fee) <i>The whole dwelling is available for use by lodgers without owner of property residing at location. (A City of East Point Business License must be applied for and issued also for business owner(s).)</i>	



III. APPLICANT INFORMATION (ID Required)

APPLICANT'S PERSONAL NAME:		
Personal Address:	State:	Zip:
Email:	Phone:	Alternate:
BUSINESS NAME:		
Business Address:	State:	Zip:
Email:	Phone:	Alternate:

IV. OWNERS / OFFICERS / PARTNERS INFORMATION (ID Required of All persons listed below)

1. <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other:		SS#:
Name:	Date of Birth:	DL# & State:
Personal Address:		State: Zip:
2. <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other:		SS#:
Name:	Date of Birth:	DL# & State:
Personal Address:		State: Zip:
3. <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other:		SS#:
Name:	Date of Birth:	DL# & State:
Personal Address:		State: Zip:
4. <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Other:		SS#:
Name:	Date of Birth:	DL# & State:
Personal Address:		State: Zip:



V. AFFIDAVIT FOR NO "HOA" PROHIBITING SHORT TERM LODGING (Required)

I, _____ / _____ (print name / sign), **am**
officially stating in this affidavit that there is no Homeowner's Association, Neighborhood Association and/or any community covenant that prohibits Short Term Lodging at said address above in this application.

(the above statement must be signed!)

VI. REQUIRED APPLICANT AND NOTARY SIGNATURES

I do hereby swear or affirm the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Applicant Signature

Applicant Name _____ (Please Print) _____ Signature of Applicant _____ Date Signed

Notary Signature

Before me personally appeared, the above-named applicant who says that he/she executed the above statement of his/her own free will and accord with full knowledge of the purpose thereof.

Sworn to me and subscribed in my presence this _____ day of _____, _____

Notary Public Signature _____ Commission Expires (SEAL)