



## BALDWIN COUNTY PLANNING & DEVELOPMENT

1601 N Columbia Street, Suite 200 Milledgeville, Ga 31061

Office: 478-445-4205 Fax: 478-445-1648

### SHORT-TERM VACATION RENTAL CERTIFICATE APPLICATION

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Before anyone can offer short-term vacation rentals to the public in Baldwin County, they must obtain a Short-Term Vacation Rental (STR) Certificate.

The following must be submitted before we can consider your application:

- a) Completed STR application (all 3 pages signed and notarized)
  - b) Letter of Intent (signed)
  - c) Rental Agreement Example (**with required language**)
  - d) Proof of Ownership
  - e) Proof of Homeowner's Insurance
  - f) Vehicle Parking Plan (location of designated parking areas with how many spaces)
  - g) Docking Plan (location where boats/vessels may be parked and tied to dock) \*if applicable\*
  - h) Letter of Agency \*if applicable\*
  - i) Public Safety Information form
  - j) SAVE Affidavit (signed and notarized)
  - k) E-Verify Exemption Affidavit (signed and notarized)
  - l) Copy of Valid Driver's License
  - m) Copy of HOA Homeowners Association Restrictions and/or Regulations (Covenants) \*if available\*
  - n) Certificate fee \$500 (Checks can be made out to Planning & Development)
- \* Refer to copy of the ordinance provided.\*

**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 Building Inspector and/or Fire Marshal, and Chief Building Official.

The entire application package and complete instructions can also be found on the county web site [www.baldwincountyga.com](http://www.baldwincountyga.com).

If you are not able to bring/mail the application into the office you can submit the application through email to [permits@baldwincountyga.com](mailto:permits@baldwincountyga.com).

#### RENEWALS

Short-Term Vacation Rental certificates are renewable annually by December 31<sup>st</sup>. As a courtesy, by November 1<sup>st</sup> each year, we will send you an application, a copy of our current ordinances and instructions on how to renew your certificate.

**IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR CERTIFICATE IS RENEWED.**

BALDWIN COUNTY PLANNING & DEVELOPMENT



APPLICATION FOR SHORT-TERM VACATION RENTALS IN BALDWIN COUNTY, GEORGIA

(A separate rental certificate shall be required for each establishment)

Date of Application

Annual Rental Certificate Fee per Establishment, \$

Type of Lodging:

\_\_\_ Bed & Breakfast \_\_\_ Boarding House \_\_\_ Private Home

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 Number \_\_\_\_\_

Email Address: \_\_\_\_\_

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 Chief Building Official, 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 Baldwin County 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 the standard rental agreement form used between the owner and occupant(s). **The agreement must contain the following language:** "Occupant is obligated to abide by all of the requirements of the Baldwin County ordinances, state and federal law, and 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."

\_\_\_ Vehicle parking plan

\_\_\_ Docking plan \*if applicable\*

\_\_\_ Proof of the owner's current ownership of the short-term vacation rental unit (i.e. deed, tax records, etc.)

\_\_\_ Proof of homeowner's insurance (must list the owner's name, address of rental unit, and policy dates.)

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 County, but shall operate purely as a rental certificate to the applicant, and said rental certificate may be revoked by the Board of Commissioners of said County at any time.

Applicant hereby acknowledges his/her duty to collect a hotel/motel tax and remit same to the County Clerk monthly on or before the 20th day of each succeeding month in which such taxes are collected. **Report is due (even if no rent is collected for the month) on or before the 20th day of the following month.**

Applicant herewith tenders the sum of \$500.00 as the rental certificate fee on the business proposed to be conducted by the applicant. Applicant asks that he/she be granted a rental certificate to operate the aforesaid business.



# BALDWIN COUNTY PLANNING & DEVELOPMENT



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## LETTER OF INTENT FOR SHORT-TERM VACATION RENTALS

I/We, the undersigned owner(s) of real property located in Baldwin County, Georgia, do hereby state our intent is to rent our home to individuals or groups for the purpose of short-term vacations (less than 30 days).

Address of rental home:

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This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Property owner(s):

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**BALDWIN COUNTY PLANNING & DEVELOPMENT**



**LETTER OF AGENCY FOR  
SHORT-TERM VACATION RENTALS**

I/We, the undersigned owner(s) of real property located in Baldwin County, 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 Baldwin County. For and in consideration of Baldwin County accepting this Letter of Agency, we hereby indemnify and hold harmless Baldwin County 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)

# BALDWIN COUNTY PLANNING & DEVELOPMENT



## PUBLIC SAFETY INFORMATION

The information requested in this form is for public safety purposes only. Frequently emergencies (i.e. burglary, fire, etc.) occur at business establishments after hours and it is imperative emergency personnel have the ability to contact business owners or employees. Information regarding hazardous materials will also be of great assistance to fire personnel in the event of a fire on the premises.

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Does Business have an alarm system? Yes  No

Name of Alarm Service: \_\_\_\_\_

Telephone Number of Alarm Service: \_\_\_\_\_

Does Business have video surveillance cameras? Yes  No

Are hazardous materials (flammables, incendiaries, munitions, explosives, or biohazards) stored on business premises? Yes  No

If yes, please list all hazardous materials:

\_\_\_\_\_

Please provide location within building/premises where these materials are stored:

\_\_\_\_\_

Name of electric utility company providing service to business: \_\_\_\_\_

Name of natural gas/propane gas vendor providing service to business: \_\_\_\_\_

List of after-hours contacts to be called in the event of an emergency at the business location:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

# BALDWIN COUNTY PLANNING & DEVELOPMENT



## 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 Baldwin County Short-Term Vacation Rental Certificate as referenced in O.C.G.A. § 50-36-1, from the Baldwin County Board of Commissioners, 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:

\_\_\_\_\_

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, with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

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: \_\_\_\_\_

**BALDWIN COUNTY PLANNING & DEVELOPMENT**



**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).

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: \_\_\_\_\_

BALDWIN COUNTY BOARD OF COMMISSIONERS



1601 N. Columbia Street, Suite 230 ◊ Milledgeville, GA ◊ 31061 ◊ 478-445-4791 ◊ 478-445-6320 fax ◊ www.baldwincountyga.com

DEPARTMENT OF REVENUE



**IMPORTANT INFORMATION REGARDING LODGING TAXES**

There are three types of taxes/fees that must be collected if you are renting your home for Short-term Rentals:

1. Baldwin County is authorized to collect a Hotel-Motel Excise Tax in the amount of **8%** under O.C.G.A. § 48-13-51(b). This amount is to be remitted directly to the Baldwin County Board of Commissioners.
2. In addition, the standard sales and use tax is separate from this excise tax and is to be remitted directly to the Georgia Department of Revenue. (The combined sales tax rate for Baldwin County is **8%**. This is the total of state and county sales tax rates. The Georgia state sales tax rate is currently 4%. The Baldwin County sales tax rate is 4%.)
3. The State of Georgia charges a state hotel-motel fee at \$5 per night on each calendar night a hotel room is rented until the rental becomes an “extended stay rental.” An “extended stay rental” is the rental of a hotel room for 31 or more consecutive days to the same customer. This fee only applies to private homes with five (5) or more bedrooms.

For Example:

Room Rate (per night)	\$99.00	
Hotel-Motel Tax-8%	\$7.92	Paid to Baldwin County
Sales & Use Tax-8%	\$7.92	Paid to Georgia Department of Revenue
State Hotel Motel Fee	\$5.00 per night (if 5+ bedrooms)	Paid to Georgia Department of Revenue

BALDWIN COUNTY BOARD OF COMISSIONERS  
1601 North Columbia Street, Suite 230  
Milledgeville, Georgia 31061  
(478) 445-4791

MONTHLY HOTEL-MOTEL TAX REPORT FOR THE  
MONTH OF

\_\_\_\_\_, 2 \_\_\_\_

The Hotel-Motel Tax payment is due and payable on or before the twentieth day of the month following each monthly period. Reports not received by the twentieth day shall bear interest and penalty of 1 % per month. This required return should be filed with the Baldwin County Board of Commissioners at the above address, along with the monthly tax payment.

Total Gross Rents	_____
Less: Rents From Permanent Residents	( _____ )
Total Taxable Rents	_____
Amount of Tax Due <b>(8% of Total Taxable Rents)</b>	_____
Less: Collection Fee <b>(3% of Amount of Tax Due)</b>	( _____ )
<b>Balance – Due to Baldwin County</b>	_____

I hereby certify that the information in this report is true and correct.

\_\_\_\_\_  
Signature of Hotel-Motel Operator

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_