



Short-term Rental Property OTC / Business License Application Checklist



Is your short-term rental (STR) property exempt from OTC requirements under state law or city ordinance? If so, you are not required to complete an OTC application and may proceed with submitting your STR application and OTC exemption form.

If not exempt, do you have all the required forms completed to submit an OTC application? Let's Check...

OTC Authorization Letter (For management companies, or other individuals submitting on behalf of owner)

OTC Application – Short Term Rental Property Only

Notarized Affidavit Verifying Status for City Public Benefit Application STR Property Only (must be signed by owner)

Notarized E-Verify Affidavit (must be signed by owner)

If you checked all the boxes above, you are ready to submit your OTC application for approval. If you have questions on any of the required documents, please email strhelp@cityoftybee.gov Attn: OTC

Return Forms via:

Email: strhelp@cityoftybee.gov Attn: OTC

Mail: STR Business License, City of Tybee Island, PO Box 2749, Tybee Island, 31328

In person: 403 Butler Avenue



**CITY OF TYBEE ISLAND
SHORT TERM RENTAL APPLICATION
Authorization Letter**

Date: _____

I, _____, the owner of the property located at
(Print or type the property owner's legal name)

_____, hereby confirm that I have thoroughly
(Legal address of the property)
reviewed and understand all sections of the Occupational Tax Certificate (OTC) application.

In addition, I authorize _____
(Name of person or Management Company to be authorized)

to act on my behalf in completing all necessary information for the Occupational Tax Certificate (OTC).

Please contact me if you require any further clarification.

Sincerely,
Property Owner's Full Name: _____

Property Owner's Signature: _____

Property Owner's Contact Information:

Phone: _____ Email: _____

Address:

Street:		
City:	State:	Zip:

For Staff Use Only



**CITY OF TYBEE ISLAND
OTC APPLICATION
SHORT TERM RENTAL PROPERTY ONLY**

Office Use Only:
License # _____

Business Name: _____
Owner's Name: _____
Legal Address of the STR: _____
Parcel ID (PIN#): _____
Owner's Mailing Address: _____
Owner's Phone: _____ **Owner's Email:** _____
Business Type **Sole Proprietor** **Partnership** **Corporation** **LLC** **Nonprofit** **Other** _____

List ALL Names & Legal Address of each Owner, Partner, Corporate Officer, etc. (attach separate sheet if needed):

Names	Home Address	City, State, Zip	Title

Has this business or anyone connected with this business been cited or charged with any violation of GA. Law Federal Law, Local Ordinance, or any Rule or Regulation of the State Revenue Commissioner or any Rule or Regulation of the City or County within the past 12 months? Yes No (if yes, include details)

Signature: _____ **Date:** _____

Printed Name: _____

Please return this completed application and notarized affidavits to address below. Business License (occupational tax certificate) Certificates will be issued when payment is received. Payments made by credit cards will incur convenience fees.

Return Application To: STR Business License, City of Tybee Island, PO Box 2749, 403 Butler Avenue, Tybee Island, GA 31328 or email strhelp@cityoftybee.org@cityoftybee.org Attn: OTC

Questions: strhelp@cityoftybee.org Attn: OTC

Fee Information:	
Business License Fee	\$125
Admin Fee	\$ 10
Total Due	<u>\$135</u>



Affidavit Verifying Status for City Public Benefit Application STR Property Only

By executing this affidavit under oath, as an applicant for a City of Tybee Island, Georgia, Business License / Occupation Tax Certificate as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application of a City of Tybee Island:

_____ (printed name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity).

1) _____ I am a United States citizen and 18 years old (document example: Drivers License, US Passport, Military Card)

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States. (document example: Temporary resident card, employment authorization card)

Document Provided from list above _____

Please 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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

* Alien Registration Number for Non-citizens

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE _____ DAY OF _____, 20 _____

Notary Public _____

My Commission Expires: _____

Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number _____

E-VERIFY AFFIDAVIT**A) For Employers with 10 or fewer employees (if you have more than 10 employees see below)**

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

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 ten (10) or fewer employees and 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. § 36-60-6.

Name of Exempt Private Employer

Signature of Exempt Private Employer or Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20__ in _____ (city), _____ (state).

B) For Employers with more than 10 employees (if you have less than 10 employees see above)

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

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 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. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name & Title

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 202__ in _____ (city), _____ (state).

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 202__.

Notary Public _____

My Commission Expires: _____