



Cobb County
Business License Division
 PO Box 649
 Marietta, Georgia 30061-0649
Phone: 770-528-8410

If you wish for this application to be hand delivered or delivered via UPS or FedEx please do so at:

1150 Powder Springs Street, Suite 400
 Marietta, Georgia 30064
 Web site Address - www.cobbcounty.org

Short Term Rental Certificate Application Checkoff List

Before completing this application, you must verify that the proposed location of your rental is in fact located in unincorporated Cobb County. You must also contact the Cobb County Zoning Division at 770-528-2035 to verify the maximum number of adults and vehicles allowed at the proposed rental location you are applying for with this application.

1. The application must be completed in its **entirety in blue or black ink** before being reviewed by the Business License Division. Each question must be answered; no question should be left blank. N/A will suffice when the question is not applicable. If you have any questions, please contact our office at 528-8691.
2. Once the application has been **completed in its entirety and all requested attachments are included with the application** contact us at 770-528-8691 or BusinessLicense@CobbCounty.org to schedule an appointment for application review.

APPLICATIONS WILL BE REVIEWED BY APPOINTMENT ONLY.

3. Provide a document that proves the owner's current ownership of the property. A deed or bill of sale is acceptable.
4. There is a nonrefundable \$55 administration fee per application. The fee must be submitted with the application. Each location requires a separate application and fee. The certificate must be renewed annually. The certificate cannot be transferred between new owners. A legible copy of the certificate must be posted within the short-term rental unit and must include provisions regulating noise. Operating without the required certificate will result in a \$500 penalty. Each day the unit is rented for overnight accommodation without a certificate is a separate violation.
5. Submit a notarized Short Term Rental Agent Acknowledgment Affidavit signed by the short-term rental agent to verify they have received and reviewed a copy of Chapter 78-407 and agree to perform the duties subscribed as specified in the chapter. There can only be one agent at any given time, regardless of temporary or permanent status. **If there is a change of agent, pages 3 and 4 of this packet and a new Agent Acknowledgment Affidavit, must be submitted within five business days along with proof that the new agent's contact information has been posted in the short term rental property. In addition, the property owner must provide written notification requesting the change.** (Page 6)

6. Submit a notarized Verification of Notice Affidavit signed by the applicant. (Page 5)
7. In addition to the notarized Verification of Notice Affidavit (Page 5) and the Short-Term Rental Notice to Interested Parties, (Page 11) **proof of the written notices sent by certified mail to any applicable homeowners association, property owners association, and adjoining property owners** (as shown on the most current tax records at www.cobbassessor.org) must be submitted with this application.
8. Provide a copy of the Certificate of Incorporation if the business is a corporation or a Certificate of Organization if the business is an LLC. Organizational papers are required to be submitted for Limited Liability Companies and Limited Liability Partnerships.
9. Submit a notarized Statement of Facts Affidavit signed by the applicant. (Page 7)
10. Submit a Zoning Verification form completed and signed by a member of Zoning. (Page 10)
11. Submit proof of adequate parking. (A photo of the house showing parking spaces)
12. Submit a notarized private employer affidavit, signed by the applicant. If you employ more than 10 full-time, W2 employees, you will need to include an E-verify number. To register for an E-verify number visit www.E-verify.gov. (Page 8)
13. Submit a notarized citizenship affidavit signed by the applicant. If the person signing is not a US citizen, we will need a copy of your permanent resident card, employment authorization card, visa, or whatever immigration document you may have been issued. (Page 9)



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Short Term Rental Certificate

Application Date: _____ **Certificate Number:** _____

New Application () **Change of Agent ()**

Short Term Rental Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Short term Rental Agent Full Name: _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

24-hour Phone Number: _____ **Alternate Phone Number:** _____

Email: _____

Number of parking spaces allocated to the property: ____ **Where are the parking spaces located in relation to the premises?**

Name of Owner Listed on Property Deed: _____ **Sq. feet of property:** _____

If Sole Proprietor provide Full Name: _____

Phone: _____ **Email:** _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

If owned under one of the ownership types listed below, please complete this section.

(Not required if the entity owns a leasing office where the short-term agent is customarily present for purposes of conducting business.)

SELECT ONE:

Partnership () **Limited Liability Partnership ()** **Corporation ()** **Limited Liability Co ()**

List full name, date of birth, social security number, address, and percentage of ownership for each individual or board member, including all "limited" and "silent" partners, having any vested interest in this application. (Attach any document indicating ownership, direct, indirect, or by default.) **If needed, you may supply a list on a separate page.**

Name	Position Held	DOB	Home Address	Phone #	% of Ownership	Email

Does the owner(s) or entity have any other vested interest in or ever been associated with any other short-term rentals in Unincorporated Cobb? Yes () No () If yes, give complete name(s), address, and phone number(s) below.

I, _____, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/ or revocation of the license. **I understand that a copy of the short term rental certificate, the maximum occupancy of the unit, the maximum number of vehicles that may be parked at the unit, provisions regulating noise, and short term rental agent's contact information including name, address, phone number, and email address must be displayed on the premises of the short term rental location.** I further understand that my rental must be operated in compliance with all applicable state, federal & local laws, ordinances & regulations, & that the granting of this short term rental certificate and payment of the application fee does not waive the right of any federal, state or local entity to regulate & enforce such laws, ordinances & regulations. I understand that all decisions of the Business License Division may be appealed to the Cobb County License Review Board.

This _____ day of _____, 20____.

Signature of applicant _____ Legibly Print name _____

() Owner () Other specify title _____

THE PERSON SIGNING THE APPLICATION MUST COMPLETE THE CITIZENSHIP AND PRIVATE EMPLOYER AFFIDAVIT AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT SUCH AS DRIVER'S LICENSE OR PASSPORT.

Office Use Only

BL Staff Processing Application _____ Approved _____ Denied _____ Pending _____

TO BE COMPLETED BY THE APPLICANT

**COBB COUNTY
VERIFICATION OF NOTICE
AFFIDAVIT**

I _____ Short Term Rental Applicant for the rental located at
_____, _____ GA, applying for a short-term rental certificate,
do hereby swear or affirm that all adjoining property owners, as shown on the most current tax records, and
**any applicable homeowner’s association or property owners association, have been notified of my application
for a short-term rental certificate in written form by certified mail.** I understand I must submit proof of said
notifications with my short-term rental certificate application as referenced in Chapter 78-407(e)(2) (c) of
the Cobb County Code of Ordinances.

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, 20____
in _____, _____.
(city) (state)

Signature of Applicant

Printed Name and Title of Applicant

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

Notary Public
My Commission Expires: _____

TO BE COMPLETED BY THE SHORT-TERM RENTAL AGENT

**Cobb County Business License
Short Term Rental Agent Acknowledgment**

**AFFIDAVIT ATTESTING TO COMPLIANCE WITH SECTION 78-407 OF THE COBB COUNTY
CODE OF ORDINANCES**

By executing this affidavit under oath, as an applicant for a Cobb County Short Term Rental Certificate

for _____, I _____
(Short Term Rental Address) (Short Term Rental Agent)

swear and affirm I have received and reviewed a copy of Official Code of Cobb County Chapter 78-407. I
further swear and affirm that I will perform the duties subscribed as specified in Chapter 78-407.

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.

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

in _____, _____.
(city) (state)

Signature of Short-Term Rental Agent

Printed Name

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

Notary Public
My Commission Expires: _____

TO BE COMPLETED BY THE APPLICANT

**Cobb County Business License
Statement of Facts**

Affidavit

Georgia, Cobb County

I, _____, swear that the facts and statements stated by me in the above and foregoing answers are true and complete, and that no false or fraudulent statements are made herein, and no false or fraudulent statement or statements have or were made to produce the granting of a short term rental certificate. I further certify that I will notify Cobb County Business License Division of a change of agent or property ownership within five business days of the change.

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, _____, 20__ in _____, _____.
(city) (state)

Signature of Applicant

Printed Name of Applicant

Phone

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

Notary Public
My Commission Expires: _____

TO BE COMPLETED BY THE APPLICANT

**THIS AFFIDAVIT MUST BE COMPLETED
Private Employer Affidavit**

Short Term Rental Address: _____ **Certificate #:** _____

Number of Employees: (Company-Wide): _____ (Required**)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **more than ten (10)** employees.

*** *If you select Section 1(A), please fill out Section 2 and execute below.*

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer** employees.

*** *If you select Section 1(B), please skip Section 2 and execute below.*

Section 2.

The employer has registered with and utilizes the federal work authorization program in undersigned private employer also 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

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

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

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

Notary Public
My Commission Expires: _____

****To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.**

TO BE COMPLETED BY THE APPLICANT

Short Term Rental Address

Certificate #

CITIZENSHIP AFFIDAVIT O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a Business License / Occupational Tax Certificate as referenced in O.C.G.A. § 50-36-1, from Cobb County the undersigned applicant verifies one of the following with respect to my application for public benefit:

CHECK ONLY ONE OPTION:

- 1)____ I am a United States citizen.
- 2)____ I am a legal permanent resident of the United States. **(Provide I-551)**
- 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(e)(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 of Applicant

Applicant Phone Number

SUBSCRIBED AND SWORN BEFORE ME ON THE

____ DAY OF _____ 20__

NOTARY PUBLIC
My Commission Expires: _____

TO BE COMPLETED BY THE APPLICANT

Zoning Verification

Zoning Verification- Section 1 **(to be completed by the applicant)**.

Please contact the Cobb County Zoning Division at 770-528-2035 if you have any questions regarding this section.

Section 1 (to be completed by the applicant)

State exactly the proposed use of the property: _____

(A) Property address: _____

(B) Parcel identification # _____
(can be found on the property tax bill or at the Cobb County website under the GIS Mapping section)

Section 2 (to be completed by a Zoning Staff member)

(C) What is the zoning of the property (include case # and year)? _____

(D) Are there any zoning or variance stipulations that affect the applicant's use of the property?
NO: _____ YES: _____ (attach copy of the minutes)

(E) Is the proposed use prohibited by zoning code, zoning stipulations and/or variance stipulations?
NO: _____ YES: _____
(This use is not permitted on this property and should not be approved.)

(F) Maximum number of adults allowed on the premises: _____
(Based on Residential Square-feet and Finished Basement Square-feet per the Tax Assessor's website.)

(G) Maximum number of vehicles allowed on the premises: _____
(Based on Residential Square-feet and Finished Basement Square-feet per the Tax Assessor's website)

Maximum number of vehicles to be permitted outside of a garage or carport: _____

(H) Attach proof of adequate parking facilities of one (1) off street parking space for each (390) square feet of total floor area within the unit in conformance with the zoning ordinance and regulations of the County.

(I) Short term rentals are only permitted in the main house with proper Certificates of Occupancy. Short terms rentals are not permitted outside of the main house, in accessory structures, or campers and the like.

Verified by Zoning Staff member: _____

Date: _____

TO BE COMPLETED BY THE APPLICANT

**COBB COUNTY SHORT TERM RENTAL NOTICE TO
INTERESTED PARTIES**

(applicable homeowners association, property owners association, and adjoining property owners)

NEIGHBOR

ADDRESS

Dear Neighbor,

Per the requirements of the Official Code of Cobb County, Division 11 of Section 78-407 titled Short-Term Rental that recently went into effect, this letter is to provide to you written notice that we are filing an application for a Cobb County Short Term Rental certificate at:

If you have any issues or concerns regarding any renter, please contact us at: _____
PHONE

Sincerely,

OWNER

ADDRESS

Rental Agent (24 hours): _____
NAME *PHONE*

Cobb County Code Enforcement: 770-528-2180 or CodeEnforcement@CobbCounty.org

Cobb County Police – Non-Emergency: 770-499-3900