

## Short Term Vacation Rental Registration

City of Cartersville Planning and Development

ATTN: City Clerk

P.O. Box 1390

Cartersville, GA. 30120

### **INCOMPLETE SHORT TERM VACATION RENTAL (STVR) REGISTRATION APPLICATIONS WILL NOT BE PROCESSED.**

Please complete this STVR Registration Application when requesting a new STVR Certificate. A separate STVR application must be submitted for each dwelling unit used as a STVR.

Owner Name ☐ Operator ☐ Marketplace Operator

Member/Partner/Officer Name – **ONLY IF OWNER IS AN ASSOCIATION OR CORPORATION**

Property Address City State Zip

Owner's Address (if different) City State Zip

Owner Phone Number Owner Email Address

Rental Agency OR 24-Hour Contact Name

Rental Agency OR 24-Hour Contact Phone Rental Agency OR 24-Hour Contact Email

Marketplace Facilitator(s): Check all that apply.

☐ Airbnb.com ☐ VRBO.com ☐ HomeToGo.com ☐ Booking.com

☐ Other: \_\_\_\_\_

This property is: ☐ Owner Occupied ☐ Non-Owner Occupied

I certify that the foregoing information is true and correct and I understand that falsification of any part of this application could cause denial or revocation of the certificate.

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

## Short Term Vacation Rental Registration Acknowledgment

Please initial each statement and sign below.

\_\_\_\_\_ I understand that by renting any portion of my property, I am required to pay an Excise Tax at the rate of 8% to the City of Cartersville, no later than the 20<sup>th</sup> of each month for the previous month's rentals;

\_\_\_\_\_ Understand that if no rentals occur, I must still submit the Tax Collection Form to the City Clerk by the required due date monthly with \$0.00 for the amount of gross rent;

\_\_\_\_\_ Understand that as a marketplace operator, any substantial changes to my registration, such as changes to the marketplace facilitator(s), through whom I am facilitating the renting of a guestroom or the location or the number of guestroom(s), I must file an amendment with the City Clerk within fifteen (15) days of such change;

\_\_\_\_\_ Agree to use my best efforts to ensure that use of the premises by STVR occupants will not disrupt the neighborhood and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their properties;

\_\_\_\_\_ I have received the Tax Collection Form from the City Clerk of City of Cartersville and fully understand how the fees, penalties, and interest are calculated;

\_\_\_\_\_ Understand that the monthly Tax Collection Form can be submitted via:

Mail:  
City of Cartersville  
ATTN: City Clerk  
P.O. Box 1390  
Cartersville, GA. 30120

In Person:  
City Clerks Office  
10 N. Public Square  
2<sup>nd</sup> Floor  
Cartersville, GA. 30120

I certify that the foregoing information is true and correct and I understand that falsification of any part of this application could cause denial or revocation of the certificate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature