



BED AND BREAKFAST PERMIT APPLICATION

Bed and Breakfast Staff Checklist:

Code Enforcement: Bed and breakfast means a structure wherein lodging and breakfast are provided to guests for compensation. The structure in which the bed and breakfast takes place may be the principal residence of the owner/operator, and such owner/operator may live in the structure when the bed and breakfast operation is in operation. In lieu of the owner/operator occupying the structure in which lodging is provided, the owner/operator shall reside within 500 feet of the structure.

(Ord. of 4-14-1994, § A; Ord. of 3-8-2012, § 22-71)

City Staff: It is unlawful for any person to operate a bed and breakfast establishment without having first obtained a business license. The annual license fee shall be as set forth in the schedule of fees and charges on file in the office of the city clerk. This license is renewable each year.

(Ord. of 4-14-1994, § D; Ord. of 3-8-2012, § 22-75)

Code Enforcement: No bed and breakfast license shall be granted to any applicant until the bed and breakfast premises has been inspected by the office of the building inspector in accordance with all applicable building codes and ordinances of the city.

(Ord. of 4-14-1994, § E; Ord. of 3-8-2012, § 22-74)

Code Enforcement: There shall be provided at least one parking space per guestroom and two parking spaces for permanent residents. No on-street parking shall be allowed. The parking plan shall be approved by the mayor and city council.

City Staff: A bed and breakfast license shall be immediately voided upon sale or transfer of the subject real estate.

(Ord. of 4-14-1994, § H; Ord. of 3-8-2012, § 22-76)

Code Enforcement: No bed and breakfast establishment shall be located nearer than 1,000 feet from another bed and breakfast establishment as measured from the entrance of each establishment via the nearest street.

(Ord. of 4-14-1994, § C; Ord. of 3-8-2012, § 22-78)

Finance Department: All bed and breakfast establishments shall be subject to the hotel/motel tax of the county.

(Ord. of 4-14-1994, § J; Ord. of 3-8-2012, § 22-80)



**CITY OF ADAIRSVILLE
BED AND BREAKFAST PERMIT APPLICATION**

This application must be submitted to the Community Development Department. The application must be filled out **completely** and returned with applicable fees to obtain certificate.

Make Check Payable to City of Adairsville

Name of Business:

Business Address:

Mailing Address, if different:

City

State

Zip

Business Telephone:

Owner of Business:

Home Address:

Alcoholic beverages, beer, liquor or wine shall not be sold or served to any guest at the premises without first obtaining the appropriate pouring license from the city in accordance with Chapter 6 of this Code.

Will alcoholic beverage license be obtained at this location? Yes ___ No ___

List number of bedrooms per dwelling unit used for bed and breakfast operation: _____

Site must be on a minimum of one acre. How many acres is site on: _____

There shall be provided at least one parking space per guestroom and two parking spaces for permanent residents. No on-street parking shall be allowed. The parking plan shall be approved by the mayor and city council.

Parking plan must be prepared upon recommendation/approval.

If you are required to be licensed by the State of Georgia, a copy of your state license must be presented at the completion of this application.

1. Number of employees: Full-Time _____ Part-Time _____
2. Business Email address: _____
3. Sales Tax ID Number: _____

E-verify _____ SAVE _____ (if applicable)

SIGNS FOR YOUR BUSINESS REQUIRE A PERMIT.

Size of the advertising sign shall not exceed two square feet, be made of wood or wood-like materials, only contain the name and street number of the inn, must be in the architectural theme of the residence, may be double faced or attached to the real property and conform to all requirements of the sign ordinance of the city.

Will a new sign be placed at this location? Yes ____ No ____

If yes, additional permits must be obtained from the City of Adairsville.

Have you the applicant, or anyone having any ownership of this business ever violated, been arrested, or convicted of any Federal or State Law, or any ordinance or resolution regulating any business? ____

If yes, please list all dates and locations of the offenses and disposition of charges _____

I certify the above information is true and correct and contain no false or fraudulent information. In addition, I understand my business location must conform to all City of Adairsville Ordinances, Rules and Regulations. Furthermore, I understand non-compliance with any City of Adairsville Ordinance, Rule and Regulation will result in non-renewal of Business/Occupation Certificate for this business.

Date _____

Signature of Applicant _____

Criteria:

1. There shall be no more than seven bedrooms per dwelling unit used for a bed and breakfast operation.
2. Site must be minimum of one acre.
3. Size of the advertising sign shall not exceed two square feet, be made of wood or wood-like materials, only contain the name and street number of the inn, must be in the architectural theme of the residence, may be double faced or attached to the real property and conform to all requirements of the sign ordinance of the city.
4. There shall be provided at least one parking space per guestroom and two parking spaces for permanent residents. No on-street parking shall be allowed. The parking plan shall be approved by the mayor and city council.
5. The entire dwelling unit shall contain at least 2,500 square feet of heated living area, and shall be detached from any other dwelling.
6. The bed and breakfast shall be totally operated in the principal existing structure and not to any degree in any accessory structure.



**CITY OF ADAIRSVILLE
AFFIDAVIT VERIFYING STATUS
FOR CITY PUBLIC BENEFIT APPLICATION**

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

1. _____ I am a United State citizen
2. _____ I am a legal permanent resident of the United States
3. _____ I am a qualified alien or non-immigrant under Federal Immigration and Nationally Act with an alien number issued by the Department of Homeland Security or other federal immigration.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:
_____.

The undersigned applicant also hereby verifies that her or she is 18 years 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.

Please write driver's license number at the bottom of this form if number 1 is checked.

A copy of one of the following cards must be attached if numbers 2 or 3 are checked:

Permanent Resident, Employment Authorization Document, US Passport, US military ID, or a Certificate of
Citizenship.

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.

Signature of Applicant: _____ Date: _____

Printed Name: _____ Driver's License Number: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____ NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

CITY OF ADAIRSVILLE

**FINAL INSPECTIONS REQUIRED FOR ISSUANCE OF CERTIFICATE OF OCCUPANCY AND/OR
OCCUPATIONAL TAX CERTIFICATE**

On completion of a building before occupancy, a final inspection must be done before a Certificate of Occupancy can be issued. The following should be contacted for their approval when applicable.

1. TAX COMMISSIONER- 770-387-5111/135 W. Cherokee Ave, Suite 217A

Approval: _____ Date: _____

Map Number: _____ Personal Property Account: _____

2. BUILDING INSPECTIONS – 770-387-5005/135 W. Cherokee Ave, Suite 120

Approval: _____ Date: _____

(Contact Building Inspections concerning the inspection fee)

3. FIRE MARSHALL - 770-387-5151 /5435 Hwy 20

Approval: _____ Date: _____

4. BARTOW COUNTY HEALTH DEPT – 770-387-2614

Approval: _____ Date: _____

(Only required for food services/restaurants/etc)

5. City of Adairsville: Ordinance Officer

770-773-3451/116 Public Square

Approval: _____ Date: _____

(Additional information required for pawn shops, flea market, beer & wine package sale or pouring)

6. City of Adairsville: ZONING – Nicole Scoggins

770-773-3451/116 Public Square Property Zoned: _____

Approval: _____ Date: _____

7. City of Adairsville: Utilities Department – Stephanie Witt

770-773-3451/116 Public Square

Approval: _____ Date: _____



2014 Private Employer E-verify affidavit
**** THIS FORM IS REQUIRED BY STATE LAW ****

ACCOUNT# _____

By executing this affidavit under oath, as an applicant for a (n) _____
[business license, occupational tax certificate, or other document required to operate a business] as
Referenced in O.C.G.A. §36-60-6, from the CITY OF ADAIRSVILLE, the undersigned applicant representing
the private employer known as _____ [printed name of private
Employer—individual, firm or corporation] verifies one of the following with respect to my application
for the above mentioned business document:

The individual, firm, or corporation employs the following number of employees: (Select A or B)

(A) _____ 11 or more employees

You must provide the following information in order to receive an occupational
tax certificate.

Federal Work Authorization User Identification Number

Date of Authorization

**(B) _____ 10 or fewer employees – automatically exempt from participation in E-Verify
Program.**

Furthermore, I, as the applicant, affirmatively state that the employer has registered with and utilizes
the federal work authorization program in accordance with the applicable provisions and deadlines
established in O.C.G.A. §36-60-6.

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 allowed by such statute. Executed on the
_____ Date of _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

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

Printed Name of and Title of Authorized Officer or Agent

NOTARY PUBLIC

My Commission Expires: _____