



INSTRUCTIONS FOR OBTAINING UNION COUNTY HOTEL-MOTEL TAX LICENSE

Complete and sign the enclosed **Hotel-Motel Tax Registration Form** to register your Rental. The enclosed **S.A.V.E Affidavit** must be signed and notarized verifying you are a United States Citizen.

We must have a **Copy of Your Driver's License** or passport, etc.

Enclose a check made payable to the Union County Government for \$10 for each rental unit.

Mail all of the above to:
Union County Government
Attn: Jennifer Mahan
65 Courthouse St., Box 1
Blairsville, GA 30512

INSTRUCTIONS FOR FILING UNION COUNTY HOTEL-MOTEL TAX RETURN IN ARREARS

Report gross revenue for each year on the enclosed **Hotel-Motel Tax Return in Arrears**. Total all years and multiply by 5%. Enclose a check for that amount made payable to the Union County Tax Commissioner. Mail to the address above.

Voluntary disclosure of past rental revenue qualifies for waiver of the 15% tax penalty plus the 8.5% interest per year.

A copy of the Union County Hotel-Motel Tax ordinance is [available online](#).

UNION COUNTY
GOVERNMENT

HOTEL-MOTEL TAX REGISTRATION

NOTE: In accordance with applicable codes concerning the collection of the Georgia Hotel-Motel Tax, all businesses providing accommodations to the public are required to register with the Union County Government. (Please type or print clearly)

BUSINESS INFORMATION

TRADE NAME (IF ANY): _____

TYPE OF RENTAL: HOTEL/MOTEL _____ BED & BREAKFAST _____ CABIN/SINGLE FAMILY HOME/CONDO _____ CAMPGROUND _____

IS THE OWNER A/AN: CORPORATION _____ INDIVIDUAL _____ PARTNERSHIP _____

NAME OF OWNER: _____

OWNERS PHONE: _____ OWNER EMAIL ADDRESS _____

OWNERS MAILING ADDRESS: _____

E-911 ADDRESS OF RENTAL PROPERTY: _____

DATE BUSINESS BEGAN: _____

NUMBER OF RENTAL UNITS/ROOMS/LOTS: _____

Please list each unit and E-911 addresses if different from above address (attach list to back of form if necessary)

PLEASE NOTE: IF MORE THAN ONE PLACE OF BUSINESS IS OPERATED BY THE SAME OWNER, A SEPARATE REGISTRATION MUST BE FILED FOR EACH PLACE OF BUSINESS.

I do hereby declare under penalty of law that the information contained in this registration application is true and correct to the best of my knowledge.

Witness

Signature of Applicant
NOTE: MUST BE SIGNED BY OWNER, A MEMBER OF
A PARTNERSHIP OR AN AUTHORIZED
OFFICER OF A CORPORATION

DATE _____

UNION COUNTY USE ONLY

REVIEWED BY: _____

DATE: _____

**Include Copy of
Driver's License**



O.C.G.A. § 50-36-1(e)(2) Affidavit

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

- 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(e)(1)**, with this affidavit.

The secure and verifiable document proved 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 Blairsville, GA .

Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires:



Monthly Hotel-Motel Tax Return
Due on the 20th of the following month

FOR OFFICE USE ONLY

Received Date:

Received by:

Check #:

Deposit Date:

Today's Date: _____

For the Month of: _____

Business Name: _____

Owner: _____

Address: _____

State & Zip Code: _____

Phone: _____

Email: _____

U
Union County Tax Commissioner
65 Courthouse St STE 3
Blairsville, GA 30512

Email: taxclerk5@uniongov.com
Phone: 706-439-6017
Fax: 706-439-6019

Amounts Due

1.) Gross Room Rent	_____
2.) Rent from Permanent Resident (s) (over 30 days).....	- _____
3.) Gross Taxable Rent (line 1 minus 2).....	_____
4.) Tax Due (5% of line 3).....	_____
5.) Less Collector's Compensation (3% of Tax Due if paid by the 20 th).....	- _____
6.) Add Penalty & Interest (15% of Tax Due if NOT paid by the 20 th).....	+ _____
7.) TOTAL AMOUNT DUE	= _____

Date: _____ Signature: _____

I certify that this return has been prepared by me and is a true and complete return for the period stated.

Taxes are due on the 20th of each month to avoid penalties. Tax return must be filed monthly even if revenue was zero. By submitting this report I certify that the above is a true and accurate representation of short term (less than 30 days) rental revenues for the period stated.