



SHORT-TERM RENTAL CERTIFICATION APPLICATION

110 Academy St, Canton, GA 301144

SHORT-TERM RENTAL UNIT INFORMATION

Address	
Number of bedrooms	

OWNERS OF RECORD (List all owners with ownership of 20% or more)

Owner 1 Name	
Owner 1 Address	
Owner 1 Phone	Owner 1 Email
Owner 2 Name	
Owner 2 Address	
Owner 2 Phone	Owner 2 Email

AGENT INFORMATION (24 HR CONTACT INFORMATION)

Agent Name	
Agent Address	
Agent Phone	Agent Email

OWNER'S AGREEMENT

I _____ agree to use my best efforts to assure that use of the premises by short-term rental occupants will not disrupt the neighborhood, and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their properties.

Signature _____ Date _____

AGENT'S AGREEMENT

1 _____ agree to perform the duties specified in Section 18-370 of The Code of The City of Canton, Georgia

Signature _____ Date _____

DISCLAIMER AND SIGNATURE

I have received, read, and understand the requirements of the City of Canton Short-Term Rental Ordinance.

I Certify information provided is correct to the best of my knowledge and records shall be available for inspection as specified in the City of Canton Code of Ordinances

Signature

Date

This Application shall be submitted with the following additional documents.

A completed Occupational Tax Certificate Application.

A Parking Plan

A rental agreement example.

Proof of ownership

Proof of Insurance

HOA Approval