



## Short Term Vacation Rental License

Today's Date \_\_\_\_\_ Rental License # \_\_\_\_\_  
\*\*Each rental unit requires an individual license number\*\* (Leave Blank)

Name(s) of Applicant (s) \_\_\_\_\_

Rental Property Address \_\_\_\_\_ Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner's Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Maximum # of adult occupants allowed per vacation rental agreement? \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Baths \_\_\_\_\_ Number of Smoke Detectors \_\_\_\_\_

Vacation home rental name? \_\_\_\_\_

Who manages the rental? Property Manager \_\_\_\_\_ Self Managed \_\_\_\_\_ Other \_\_\_\_\_

Property Management Company Name \_\_\_\_\_

Proposed Seasonal Rental Rates	\$ _____	From: _____	To: _____
	\$ _____	From: _____	To: _____
	\$ _____	From: _____	To: _____
	\$ _____	From: _____	To: _____

**In order to receive and maintain a Residential Rental License in good standing, I understand and agree the following conditions must be met:**

Residential Rental Licenses are valid each calendar year through December 31st. I understand it shall be unlawful for any Lessee (or any party acting for or through a Lessee) to rent or offer for rent any residential property or portion thereof without first having obtained a license from the Code Enforcement Officer. All properties participating in the Residential Rental Program are subject to inspection by a representative of the Jekyll Island Authority.

\_\_\_\_\_  
(Initials)

I am currently subscribed to "Back Door" service with Waste Management?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I understand I am required to be subscribed to "Back Door" service from Waste Management and by applying for this license I must switch to the service if I am not already subscribed. "Back Door" service will be at my own expense and may not be cancelled for any reason during the term of this license.

\_\_\_\_\_  
(Initials)

I have installed and shall maintain a smoke alarm outside of each sleeping area, in the immediate vicinity of the sleeping rooms as well as on each level of the dwelling including the basement (per NFPA 101, Life Safety Code year 2012 Edition, Section 24.3.4.1).

\_\_\_\_\_  
(Initials)

I understand that when renting my home to others I must obtain a rental agreement from each renter and include the rental license number on all correspondence. Rental agreements must include the license number, name, address and phone number of all renters and these records shall be maintained for a period of 48 months from the time of rental. You may be subject to audit per § 8-177 (5) of the Jekyll Island Authority Code.

\_\_\_\_\_  
(Initials)

I agree to comply with all Georgia Laws and Ordinances of the Jekyll Island Authority, as well as, all provisions of the Residential Lease for this property. I understand failure to adhere to these conditions may result in the revocation of this license and or fines of up to \$500.00 pursuant to § 8-178 of the Jekyll Island Authority Code.

\_\_\_\_\_  
(Initials)

I shall calculate and promptly remit all percentage rent and occupancy taxes for the residential property being rented on the forms prescribed by the Jekyll Island Authority. I understand I must submit the reports even if the amount due is zero.

\_\_\_\_\_  
(Initials)

I understand I must maintain the proper amount of insurance coverages as set forth in the Residential Lease. Failure to adhere to these requirements will result in the denial of your application.

\_\_\_\_\_  
(Initials)

I understand that the Jekyll Island Authority may conduct random inspections of Rental Properties in order to ensure consistent high quality, safe and sanitary lodging is being provided to all Jekyll Island guests. Licensees will be given sufficient time to make the home available for inspection should your property be chosen.

\_\_\_\_\_  
(Initials)

I agree to review and abide by the terms of the Jekyll Island Residential Rental License Ordinance in it's entirety. A copy of the Ordinance may be obtained by going to the Jekyll Island Authority Website at [www.jekyllisland.com/livinghere/](http://www.jekyllisland.com/livinghere/).

\_\_\_\_\_  
(Initials)



I certify that I am the current owner/ Lessee of the property above and that all information contained herein is correct. All Lessee's signatures must be provided. If you are an authorized agent submitting this application, you certify that you have the authority to submit this application on behalf of the current owner(s)/Lessee(s) and that you have provided them a copy of the conditions initialed above.

*Please make sure the application is complete before signing. Submit completed application and payment in the amount of \$30.00 to:*

**Jekyll Island Authority**  
100 James Road, Jekyll Island, GA 31527

**\*Renewal applications and payments received after 1/31 will be required to pay an increased application fee of \$50.00.**

Signature \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

Signature \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

Do not write below this line (For JIA Use Only)

Application  
Received By:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Initial)

\_\_\_\_\_  
(Date)

Insurance

\_\_\_\_\_  
(Initials)

\_\_\_\_\_  
(Date)

Application Fee Paid

Back Door Service?

\_\_\_\_\_  
(Yes)

\_\_\_\_\_  
(No)

Cash

(Initials)

\_\_\_\_\_  
(Receipt)

Accounts  
Receivable

\_\_\_\_\_  
(Initials)

\_\_\_\_\_  
(Date)

Check

(Initials)

\_\_\_\_\_  
(Number)

Fire Marshal

\_\_\_\_\_  
(Initials)

\_\_\_\_\_  
(Date)

CC

(Initials)

\_\_\_\_\_  
(Auth #)

Approved

\_\_\_\_\_  
(Initials)

Date

\_\_\_\_\_

Mailed

\_\_\_\_\_  
(Initials)

Date

\_\_\_\_\_

Amount

\$ \_\_\_\_\_