COWETA COUNTY
COMMUNITY DEVELOPMENT

CERTIFICATE OF AUTHORITY (COA) APPLICATION TO COLLECT HOTEL MOTEL TAX

Coweta County Community Development
22 East Broad Street, Suite 222
Newnan, GA 30263
(770) 254-2635

1. **Ownership Name of Hotel Operator:** _____

2. **DBA Name:** _____

3. **Business License Number:** _____

4. **Mailing Address:** (CHECK HERE IF SAME AS BUSINESS LICENSE) ☐

Name of Contact Person:	Title/Position:
Business Name:	Telephone:
Street Address:	FAX Number:
City, State, Zip:	Email Address:

5. **Location of Accounting Records:** (if different from the mailing address):

Name of Contact Person:	Title/Position:
Business Name:	Telephone:
Street Address:	FAX Number:
City, State, Zip:	Email Address:

Declaration of Responsibility

(*Mark applicable section)* By signing this application form, I represent that _____I am the person that is responsible for the operation of this hotel location ("Operator") or _____I am the authorized representative of the Partnership/Corporation ("Operator") with full power and authority to bind the Partnership/Corporation that is responsible for the operation of this hotel location. The Operator is responsible for the collection of the hotel motel tax from the guests and payment of those tax revenues to Coweta County. The Operator is liable for all applicable penalties including, but not limited to, the failure to collect and transmit the tax, for underreporting the tax, for failure to transmit the taxes to Coweta County, for any misrepresentations contained in this application, or for any other violations of applicable law regarding the operation of the hotel location. Those penalties may include, but are not limited to, suspension and/or revocation of the business license. If any information included on this application should change, the Operator agrees to inform Coweta County of those changes within five (5) working days.

I declare under penalties of the laws of Georgia that the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

_____ _____

Signature Print Name

_____

Partnership/Corporation Name

A Partnership/Corporation of the State of _____

By: _____

_____

Print Name

Title: _____