

VEHICLE FOR HIRE OWNER APPLICATION INFORMATION SHEET

REQUIREMENTS

- Mechanical Inspection
- Proof of Liability Insurance
 - Three hundred thousand dollars (\$300,000.00) for Taxicabs
 - Three hundred thousand dollars (\$300,000.00) for Pedicabs
 - Five hundred thousand dollars (\$500,000.00) for Livery vehicles
- Meter Inspection (Taxis only)
- Title/Memorandum Title
- Proof of Ohio Vehicle Registration
(Livery vehicles must be registered as a Livery with the Ohio BMV)
- Letter of Good Standing from the City Tax Division (If applicable)
- BCI Background Check
(If conducted at another WebCheck agency, results must be directly mailed to the License Section)

PRICING

Application fee - \$20.00	Taxi/Livery License - \$225.00
BCI Background Check fee - \$32.00	Micro Transit/Quadricycle License - \$150.00
	Pedicab License - \$50.00

OFFICE HOURS

Monday 9:00 a.m. - 3:30 p.m.
Tuesday - Friday 8:00 a.m. - 3:30 p.m.

OFFICE USE ONLY

License # _____

Cab/Plate # _____

Decal # _____ Color _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION



DEPARTMENT OF
PUBLIC SAFETY

**VEHICLE FOR HIRE
OWNER
APPLICATION**

NEW RENEWAL

LIVERY TAXI WHEELCHAIR PEDICAB

OWNER INFORMATION

Full Name:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Expiration Date:

Race:

Sex:

Height:

Weight:

Hair:

Eyes:

All applicants will be required to provide Proof of Identity.

Have you or your company ever had a City of Columbus license refused, revoked, or suspended within the past three (3) years?
Yes No

If yes, please explain:

Have you ever been convicted of a felony? Yes No

If yes, list all felony convictions that occurred within the past seven (7) years:

Are you on felony probation or parole? Yes No

If yes, date began:

Have you ever been required to register as a sexual offender? Yes No

If yes, date registered:

BUSINESS INFORMATION

Business Name:

Federal ID #:

Business Address:

City:

State:

Zip:

Business Phone:

Business Email:

VEHICLE INFORMATION

Year:

Make:

Model:

VIN:

License Plate: (If applicable)

Taxicab/Pedicab #: (If applicable)

Design and Color Scheme of the Vehicle:

Letter Coloring:

Name of Radio Dispatch Service: (Taxis Only)

Dispatch Phone:

PER REGULATIONS SET IN COLUMBUS CITY CODE 501.05(E), THE LICENSE SECTION HAS THE POWER TO MAKE RULES REGARDING THE "QUALIFICATIONS OF THE APPLICANTS AND THE CONDITIONS PRECEDENT THE APPLICANTS MUST MEET PRIOR TO THE ACQUISITION OF LICENSES." FOLLOWING THIS DIRECTION, ALL APPLICANTS MUST BE ABLE TO READ, SPEAK, AND COMPREHEND THE ENGLISH LANGUAGE IN ORDER TO OBTAIN A VALID LICENSE. BY INITIALING ON THE LINE BELOW YOU AGREE THAT YOU ARE ABLE TO FULFILL THIS REQUIREMENT.

_____ INITIALS

ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN DENIAL OR FUTURE REVOCATION OF THIS LICENSE, AS WELL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13(A-3), (A-5) AND COLUMBUS CITY CODE 589.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and says he or she is the
(Print Applicant's Name)

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be license; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

(Applicant's Signature)

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary or Agent of Director of Public Safety

Must be SIGNED, DATED, and NOTARIZED.