APPLICATION FOR CAR-SHARING PARKING PERMIT

Date of submittal ____________

This application for a Car-Sharing Parking Permit must be completed by any business who desires to operate a Car-Sharing Service in the City right-of-way.

APPLICANT INFORMATION
NAME OF BUSINESS: ____________________________________________________________
COMPANY REPRESENTATIVE NAME: _________________________________________________
ADDRESS: ________________________________________________________________________
PHONE: ______________________ EMAIL: _____________________________________________

NUMBER OF CAR-SHARING VEHICLES REQUESTED FOR CAR-SHARING PARKING PERMIT: ____________

IF REQUESTING DEDICATED ON-STREET CAR-SHARING SPACES, PLEASE SUBMIT THE FOLLOWING INFORMATION:
- Location of each space;
- Picture of each space;
- Meter number of each space, if applicable;
- What area the space is located (congestion, opportunity, or area of the city); and
- Map of all requested locations.

By my signature below I attest that I, my employees, agents and third party contractors will adhere to the Car-Sharing Rules and Regulations, and I further certify that all statements herein and attached are true to the best of my knowledge and belief:

_______________________________________________________                  _______________________
Applicant Signature                                          Date

❖ Per City of Columbus Car-Sharing Rules and Regulations, each permit will be valid for one year.
❖ Fees: All checks shall be made out to the Columbus City Treasurer
  - Due upon application approval, the following fees are required to be paid prior to issuance of permits to operate the Car-Sharing Service (all fees are non-refundable)
    - Car-Sharing Parking Permit: $100 per vehicle
    - Dedicated Space Fees per location based on area type and metered/unmetered space
    - Lost Meter Revenue Deposit: $50,000, if applicable
    - Lost Meter Revenue (once the Deposit amount is exceeded by actual charges): Calculated by the Department and shall be paid quarterly to the City, if applicable

OFFICE USE ONLY
Date Application Received ____________ Certificate of Insurance ______  Approved/Denied by ____________________________
Comments ____________________________________________________________