

VEHICLE FOR HIRE OWNER INFORMATION SHEET

REQUIREMENTS

- Vehicle for Hire Owner Application (Attached)
- Proof of Identity (e.g. State issued Driver's License/I.D. Card, Military I.D., Passport)
- Vehicle Information
 - Mechanical Inspection (completed within sixty (60) days of application submission)
 - Certificate of Liability Insurance
 - Three hundred thousand dollars (\$300,000.00) for Taxicabs
 - Three hundred thousand dollars (\$300,000.00) for Pedicabs/Micro Transit Vehicles
 - Five hundred thousand dollars (\$500,000.00) for Livery vehicles
 - Meter Inspection (Taxis only)
 - Title/Memorandum Title
 - BMV Vehicle Registration (Livery vehicles must be registered as a "Livery" with BMV)
 - Business Name Registration with Ohio Secretary of State
- Statement of Claims and Judgments (Renewals only)
- BCI Background Check
(If conducted at another authorized WebCheck agency, results must be mailed directly to the License Section)

PRICING

Application fee - \$20.00
BCI Background Check fee - \$32.00

Taxi/Livery License - \$225.00
Micro Transit/Quadricycle License - \$150.00
Pedicab License - \$50.00

OFFICE LOCATION & HOURS

4252 Groves Rd
Columbus, OH 43232
Monday - Friday
8:00 AM - 3:30 PM

Applications and supporting documents may be submitted via one of the following:

1. In person at the License Section (see above for location and hours)
- *2. Emailed to vfh@columbus.gov
- *3. Mailed to the License Section (see above for location)
- *4. Placed in the License Section drop box

***Application must be notarized prior to submission**

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OFFICE USE ONLY

License # _____

Cab/Plate # _____

Decal # _____ - _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF BUILDING AND ZONING SERVICES
LICENSE SECTIONTHE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYORDEPARTMENT OF BUILDING
AND ZONING SERVICES**VEHICLE FOR HIRE OWNER
APPLICATION****NEW RENEWAL****LIVERY****TAXI****WHEELCHAIR****PEDICAB****MICRO-TRANSIT****QUADRICYCLE****OWNER INFORMATION**

Full Name:

Residential Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Driver License #:

State:

Expiration Date:

Sex:

Height:

Weight:

Hair:

Eyes:

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

Please list all felony convictions that occurred within the past seven (7) years:

Are you currently on felony probation or parole? Yes No

If yes, date began:

Are you currently 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:		
Color of Lettering:		
Dispatch Phone:		Mileage:

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, revocation, or future revocation of the license under Columbus City Code Chapters 501 and 587, and may be referred for criminal prosecution under Ohio Revised Code Chapter 2921.13 (A-3).

State of Ohio, County of Franklin

I, _____, being duly sworn, affirm and swear that I am the
(Print Applicant's Name)

individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed and to the information contained in the application; that the answers, statements, and allegations made in this application are true and accurate to the best of my knowledge and belief; and that I am an owner of that which is to be licensed by this application.

(Applicant's Signature)

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

 Notary or Agent of Director of Building and Zoning Services