Office Use Only

License #: _____

Taxicab #: _____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Taxicab Owner Relinquishment Form

Address: 4252 Groves Road, Columbus, Ohio 43232
Phone: 614-645-8366
Email: vfh@columbus.gov

I, _____, owner of _____,
Print Owner Name *Taxicab Business Name*

relinquish ownership of Taxicab _____. I understand that once this license is relinquished, I have no more
Taxicab #

right to the license, and the City of Columbus License Section has the sole right to reissue said Taxicab number.

Reason for relinquishment: _____

_____

Certain information 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 permit, as well as criminal prosecution under Columbus City Code 2321.13 (A)(3) and (A)(5).

I hereby acknowledge the above statement regarding public records disclosure by checking this box. ☐

State of _____, County of _____:

_____, bring duly sworn, deposes and says he or she is the
Print Owner Name

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

_____
Owner Signature

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

_____
Notary or Agent of Director of Building and Zoning Services