THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

# Short Term Rental Information Sheet

Phone: 614-645-8366
Email: str@columbus.gov

**Requirements:**

- Short Term Rental Application
- Proof of Identity (e.g. State-issued driver license/ID card, Military ID, Passport)
- Two forms of Proof of Primary Residence (e.g. BMV vehicle registration, federal tax document, utility bill)
  *Only required if applying as primary residence
- Lease/rental contract explicitly allowing usage as a Short Term Rental
  *Only required if applying as primary residence for non-owner
- List of Other Affiliated Short Term Rental Properties form
  *Only required if applicable
- Letter of Good Standing from City of Columbus Income Tax Division (available via crisp.columbus.gov)
- BCI Background Check
  *If conducted at another authorized WebCheck agency, results must be mailed directly to the License Section
  - Required for applicant and all listed parties (e.g. host, 24-hr contact, property manager) if different than applicant
  - For all business organization applicants, a BCI background check is required for an individual who is either a statutory agent, partner, or managing individual

**Other Information:**

- Applicant is required to list names of all hosting platforms and provide registration confirmation
- A 24-hour local contact (along with contact and residential information) must be listed on the application
- The number of bedrooms listed may not exceed what is listed on the Franklin County Auditor's website
  - The maximum occupancy listed may not exceed three (3) times the number of bedrooms
- Any listed party not appearing in person at the License Section is required to submit a photo of the individual holding their clearly-visible ID

**Fees:**

| | | | |
|---|---|---|---|
| Application | $20.00 | Primary Residence license | $75.00 |
| BCI Background Check | $32.00 | Non-Primary Residence license | $150.00 |

**Office Location and Hours:**

4252 Groves Rd
Columbus, OH 43232

Monday – Friday
8:00 AM – 3:30 PM

This page intentionally left blank

Office Use Only

License #: _____

Issue Date: _____

Exp Date: _____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

# Short Term Rental Application

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

☐ New ☐ Renewal ☐ Information Update

| ☐ Property Owner | ☐ Non-Owner/Permanent Occupant |
|---|---|
| ☐ Primary ☐ Non-Primary | ☐ Primary |

**Applicant Information:**

Name: _____ Relation to Business: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Have you **ever** been convicted of a felony? ☐ Yes ☐ No

List any felony convictions in Ohio within the past seven (7) years (if none, write "none"): _____

_____

Are you on felony probation or parole? ☐ Yes ☐ No If yes, date began: _____

Have you **ever** been required to register as a sex offender? ☐ Yes ☐ No If yes, date registered: _____

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

**Short Term Rental Property Information:**

Address: _____ Ste/Apt: ____ City: _____ State: ___ Zip Code: _____

Parcel #: _____ # of Guestrooms: _____ Maximum Occupancy: _____

Business/Trust Name: _____
*(only required if listed as property owner on Franklin County Auditor's website)*

Entity/Corporation # (as listed via Ohio Secretary of State): _____

Business Phone #: _____ Business Email: _____

List all affiliated online hosting platforms: _____

**Host Information:**

1. Host First Name: _____ Host Last Name: _____ Date of Birth: _____

2. Host First Name: _____ Host Last Name: _____ Date of Birth: _____

**Short Term Rental Property Management Information (if applicable)**:

STR Property Management Company Name: _____

STR Property Management Representative/Agent Name: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Phone #: _____ Email: _____

**24-Hour Local Contact Information:**

First Name: _____ Last Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Phone #: _____ Email: _____

Are you affiliated with, whether as a license holder, owner, or listed host/contact any other Short Term Rental properties in the City of Columbus? ☐ Yes* ☐ No ***If yes, please submit List of Properties.**

Do you agree to conform to and abide by all statues contained within Chapter 598 (governing Short Term Rentals)? ☐ Yes ☐ No

---

**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.** ☐

If you or a member of your immediate family is a designated public service worker employed in a position as listed under ORC 149.43 (A)(7), please provide a form of proof, along with the name and primary residence of said person: _____

---

State of _____, County of _____:

_____, bring duly sworn, deposes and says he or she is the
*Print Applicant 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.

_____
*Applicant Signature*

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

_____
*Notary or Agent of Director of Building and Zoning Services*