Office Use Only

License #: _____ Cab/Plate #: _____

Issue Date: _____ Decal #: _____-_____

Exp Date: _____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Owner Transfer Application

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

Transferee Information:

Name: _____

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

Date of Birth: _____ Driver License #: _____ State: _____

Phone #: _____ Email: _____

Business Information:

Business Name: _____ Taxicab #: _____

Has any license issued to you by the City of Columbus been revoked, suspended, or refused within the past three (3) years? ☐ Yes ☐ No

Do you agree to conform to and abide by all Columbus City Code and Rules and Regulations pertaining to Vehicle for Hire, including but not limited to the State of Ohio and Federal laws applicable hereto? ☐ Yes ☐ No

Do you understand that you must notify the License Section of any changes, including State of Ohio vehicle registration, address, and your phone number? ☐ 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. ☐

State of _____, County of _____:

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

_____
Transferee Signature

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

_____
Notary or Agent of Director of Building and Zoning Services

Transferor Information:

Name: _____

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

Date of Birth: _____ Driver License #: _____ State: _____

Phone #: _____ Email: _____

Current Vehicle Information:

Year: _____ Make: _____ Model: _____

VIN: _____ License Plate: _____

Color Scheme of Vehicle: _____ Color of Lettering: _____

Taxicab #: _____ Dispatch Phone #: _____ Mileage: _____

Will the transferee continue to operate this vehicle as a taxicab? ☐ Yes ☐ No

By signing below, I agree to transfer said license to the person and/or organization listed as the transferee.

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Print Transferor 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.

_____
Transferor Signature

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

_____
Notary or Agent of Director of Building and Zoning Services