Office Use Only

License #: _____

Taxicab #: _____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Taxicab Identification Authorization

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

I, _____, owner of _____,
Registered Owner of Trade Name *Trade/Company Name*

authorize _____, owner of Taxicab # _____, to use my
Name of Taxicab Owner *Taxicab Number*

company trade name, colors, and design for the above designated vehicle. I understand that this authorization shall remain in effect with the License Section unless otherwise terminated by a court order or by written notification of the dissolution of this agreement by both parties.

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 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.

_____
Appellant Signature

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

_____
Notary or Agent of Director of Building and Zoning Services