THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING
AND ZONING SERVICES

# Vehicle for Hire Owner Information Sheet

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

**Requirements:**

- Vehicle for Hire Owner Application
- Proof of Identity (e.g. State-issued driver license/ID card, Military ID, Passport)
- Vehicle information
    - Mechanical Inspection Form (dated within sixty (60) days of application submission)
    - Certificate of Liability Insurance (with **City of Columbus License Section, 4252 Groves Rd, Columbus, OH 43232** listed as a certificate holder)
        - Taxicabs - $300,000 minimum coverage
        - Pedicabs/Micro Transit Vehicles - $300,000 minimum coverage
        - Livery Vehicles - $500,000 minimum coverage
    - Meter Inspection (Taxicabs only)
    - Title/Memorandum Title
    - BMV Vehicle Registration (Livery vehicles must be registered as a "Livery/Limo" 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)

**Fees:**

| | | | |
|---|---|---|---|
| Application | $20.00 | Taxicab/Livery license | $225.00 |
| BCI Background Check | $32.00 | Quadricycle/Micro Transit license | $150.00 |
| | | Pedicab license | $50.00 |

**Office Location and Hours:**

4252 Groves Rd
Columbus, OH 43232

Monday – Friday
8:00 AM – 3:30 PM

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Office Use Only

License #: _____ Cab #: _____

Issue Date: _____

Exp Date: _____

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□ New □ Renewal

□ Livery □ Micro Transit □ Pedicab □ Quadricycle □ Taxicab □ Wheelchair Taxicab

**Applicant Information:**

Name: _____

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

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

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

**Business Information:**

Business Name: _____ Federal ID #: _____

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

Business Phone #: _____ Business Email: _____

Business Name (DBA) (if different from above): _____

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

**Vehicle Information:**

Year: _____ Make: _____ Model: _____

VIN: _____ License Plate: _____

Color Scheme of Vehicle: _____ Color of Lettering: _____

Taxicab/Pedicab #: _____ Dispatch Phone #: _____ Mileage: _____

Do you agree to conform to and abide by all statutes contained within Chapters 585-594 (governing Vehicle for Hire)? □ Yes □ No

Do you understand that a violation of CCC Chapter 585-594 may cause suspension or revocation of all licenses issued there under? □ Yes □ No

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**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: _____

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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*