DEPARTMENT OF PUBLIC SAFETY LICENSE SECTION



DEPARTMENT OF PUBLIC SAFETY

SHORT-TERM RENTAL

# REQUIREMENTS

## Short-Term Rental Application (Attached)

#### Proof of Identity:

- o Ex: State Issued Driver's License/I.D., Passport, Military I.D., Government Issued I.D.
- Proof of Residency: Two documents proving primary residence
- o Ex : Motor Vehicle Registration, Tax Documents, or Utility Bill
- o If you are not the property owner you must be the primary resident.
- o If the applicant is not the property owner a copy of the lease/rental contract that explicitly allows usage as a Short Term Rental must be provided as well as the required Proof of Residency.
- Letter of Good Standing: Is Required from the City of Columbus Department of Income Tax though the CRISP website. See attachment page 3.

#### BCI Background Check Requirements:

- A BCI Background Check by the applicant, the host (if different than the applicant), the 24-hour emergency contact and the property manager (if one is used) can be completed at the License Section at a cost of \$32.00 or can be completed at an authorized WebCheck Agency, but the results must be **mailed directly by the WebCheck Agency** to the License Section 4252 Groves Rd, Columbus, Ohio 43232.
- For all business organization applicants, an individual who is either statutory agent, a partner, or in case of an LLC a managing individual must submit to and provide the results of a BCI background check.

### Other Applicant Requirements:

- Be prepared to list the names of all hosting platforms that the applicant has successfully been registered to list a short-term rental and documentation confirming hosting platform registration(s).
  - Examples: Airbnb, VRBO, HomeAway, Tripping, FlipKey, Expedia, etc.
- Provide a list of names and addresses of any other short-term rental located in the City of Columbus that the applicant has any interest in, including but not limited to ownership, licensure or management.
- A 24/7 local contact individual/information must be provided, including their residential address.
- When required a signed Short Term Rental Agreement.

\* All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or provide in or furtherance of this application shall result in denial of a new or renewal license, potential suspension or revocation, as well as criminal prosecution under Ohio Revised Code Chapter 29 and/or C.C.C. 501 and 598.

The time frame for reviewing, investigating, and approving a new or renewal short-term rental permit may take a litte longer. If you have obtained (or consented to share) the Letter of Good Standing, the BCI background check has been submitted, and the application is supported by all necessary information as required, it is possible you could receive your short-term rental permit in a more expedited timeline. However, more than likely, it may take a few days to a week to move through the entire process.

Application fee - \$20.00 Primary Residence Permit fee - \$75.00 Non-Primary Residence Permit fee - \$150.00 BCI Background Check fee - \$32.00	City of Columbus-License Section 4252 Groves Rd Columbus, OH 43232 Monday - Friday 8:00 a.m. to 3:30 p.m.

Applications and supporting documents may be submitted via one of the following:

- \*2. Emailed to str@columbus.gov
- \*3. Mailed to the License Section (see above for location)
  \*4. Placed in the License Section drop box

<sup>1.</sup> In person at the License Section (see above for location and hours

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OFFICE USE ONLY	DEPARTMENT OF PUBLIC SAFETY LICENSE SECTION			AFETY	THE CITY OF <b>*</b> <b>COLUMBUS</b> ANDREW J. GINTHER, MAYOR			
Issue Date:	SHORT-TERM RENTAL					DEPARTMENT OF		
Expiration Date:	APPLICATION				1	PUBLIC SAFETY		
	-	NEW		RENEWA	۹L	UPDATE INFO		
	PRI	PRIMARY NON-PRIMAR				(		
APPLICANT - I	PROPERTY	OWNER OR P	ERM	ANENT OCC	CUPANT II	NFORMATION		
PLEASE CHECK CORRECT APPLICANT	TYPE:	PERMANEN		CCUPANT	PRC	OPERTY OWNER		
Applicant's Full Name:						OFFICE USE ONLY		
Mailing Address:								
City:	State:			Zip:				
Phone: E	Email:							
Business Name (If applicable, as filed with SOS):								
Business Mailing Address (where incorporated):								
Entity/Corporation #: Applicant's Relationship t				tionship to	Business:			
S	HORT-TE	RM PROPERTY	LOC	ATION INFC	RMATIO	N		
Street Address:	Street Address: Ste/Apt: Parcel I				Parcel No	D:		
City:	Stat	State:			Zip:			
Number of Guestrooms Available (5 or less): Maximum Occupanc				ccupancy	Number:			
List All Affiliated Online Hosting F	Platforms:							
HOST AND/OR SHORT-TERM RENTAL PROPERTY MANAGEMENT								
Host Information:						OFFICE USE ONLY		
Short-Term Property Management Co:				OFFICE USE UNLY				
Short-Term Property Management Rep/Agent:								
Mailing Address:								
City:	State:			Zip:				
Phone:		Email:						
24-HOUR POINT OF LOCAL CONTACT INFORMATION IS REQUIRED								
Full Name:					OFFICE USE ONLY			
Residential Address:								
City:	State	State:		Zip:				
Phone:		Email:						

	APPLICANT BA	CKGROU	ND INFO	RMATI	ON				
Have you ever been convicted of a fe	lony? Yes	No							
If yes, list all felony convictions that occurred in the United States within the past seven (7) years:									
Are you on felony probation or parol	e? Yes	No			If yes, date began:				
Have you ever been convicted of a se	exual offense crir	ne? Y	′es	No	If yes, date convicted:				
Have you had a City of Columbus license and/or permit revoked, refused, or suspended within the past three (3) years? Yes No									
I have read, understood, and meet all provisions set forth by the Columbus City Code, including all Fire, Health, Safety, Housing and Zoning requirements (C.C.C. 501 & 598; C.C.C. Title 45) as well as all Ohio Building Code (O.A.C. Chapter 4101) and all relevant Federal laws.									
		Yes	No						
All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or provide in or furtherance of this application shall result in denial of a new or renewal license, potential suspension or revocation, as well as criminal prosecution under Ohio Revised Code Chapter 29 and/or C.C.C. 501 and 598.									
l hereby acknowledge the abov	re statement reg	arding pu	ıblic recor	ds disc	losure, by checking this	box.			
to ORC 149.43(A)(8) shall noti sufficient supporting evidence	-								
State of	, County of		1 1 1 1 1 1 1		,				
(Print Applicant's Name)	, be	ing duly	sworn, de	eposes	and says he or she is t	he individual:			
making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.									
					(Applicant's Signature)	)			
Sworn to before me and subscr	ibed in my pres	sence thi	s	day of	f	, 20			
Notary or Agent	of Director of F	Public Sa	fety						

# **Good things are** *here,* taxpayers!



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COLUMBUS

OFFICE OF MEGAN N. KILGORE, CITY AUDITOR

CRISP help line - 614-645-8899 9am - 4pm, Monday though Friday.