

SHORT-TERM RENTAL INFORMATION SHEET

REQUIREMENTS

- Short-Term Rental Application (Attached)
- Proof of Identity (i.e., State Issued Driver's License/I.D. Card, Passport, Military I.D., Government Issued I.D.)
- One of the Following Documents (If Short-Term Rental is primary residence):
 - Motor Vehicle Registration
 - Tax Documents
 - Lease Copy
 - Utility Bill
- Proof of General Liability Insurance
 - Minimum of \$300,000
- Letter of Good Standing from the City Tax Division
- Copy of the agreement if the owner of the property has executed a land contract, lease agreement, management agreement, or any other agreement separating the owner from control over the property and/or the short-term rental.
- Names and addresses of any other hotel/motel/short-term rental located in the City of Columbus that the applicant or property owner has any interest in, including but not limited to ownership, licensure or management.
- Affidavit including confirmation that the host and short-term rental are in compliance with all applicable local, state and federal laws and regulations. (Covered on page 3 of the application)
- BCI Background Check
(Please provide a notarized affidavit affirming a hosting platform has completed a background check. Where no hosting platform is used or the hosting platform does not complete a background check, please provide the results of a background check performed by a BCI approved provider. Such background check will be at applicant's personal expense.)

PRICING

- Application fee - \$20.00
- Primary Residence Permit fee - \$75.00
- Non-Primary Residence Permit fee - \$150.00

OFFICE LOCATION & HOURS

4252 Groves Road
Columbus, OH 43232

Monday - Friday
8:00 a.m. to 3:30 p.m.

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OFFICE USE ONLY

License # _____

Issue Date _____

Expiration Date _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTIONDEPARTMENT OF
PUBLIC SAFETY**SHORT-TERM RENTAL
APPLICATION****NEW RENEWAL****OWNER OCCUPIED NON-OWNER OCCUPIED****RESIDENTIAL OWNER INFORMATION**

Full Name:

Date of Birth:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

BUSINESS OWNER INFORMATION

Business Name (as filed with SOS):

Business Mailing Address (where incorporated):

Entity/Corporation #:

AUTHORIZED AGENT INFORMATION

Full Name:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

APPLICANT BACKGROUND INFORMATION

Have you ever been convicted of a felony? 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 parole? Yes No

If yes, date began:

Have you ever been required to register as a sexual offender? Yes No

If yes, date registered:

Have you had a City of Columbus license and/or permit revoked, refused, or suspended within the past three (3) years?

Yes No

SHORT-TERM PROPERTY INFORMATION

Street Address:

City:

State:

Zip:

Number of Guestrooms Available:

List All Affiliated Online Hosting Platforms:

24-HOUR POINT OF CONTACT INFORMATION

Full Name:

Residential Address:

City: State: Zip:

Phone: Email:

If the owner of the property has executed a land contract, lease agreement, management agreement, or any other agreement separating the owner from control over the property, applicant shall include a copy of the agreement along with the application.

I have read, understood, and meet all provisions set forth by the Columbus City Code including all Fire, Health, Safety and Zoning requirements. (C.C.C. 501 & 598)
Yes No

Please be advised this section is voluntarily optional and exists for the convenience of the applicant:
The applicant expressly authorizes the Licensing Division of the City of Columbus, Department of Public Safety to contact the Income Tax Division of the City of Columbus - City Auditor and in turn expressly authorizes the Income Tax Division of the City of Columbus - City Auditor to provide access to the Licensing Division of the City of Columbus, Department of Public Safety current municipal tax information related to the applicant listed above in relation to the Short-Term Rental Permit for which application is being made. Any information provided to the Licensing Division will be held in strict confidence at all times and shall not be disclosed to any other department or division of the City of Columbus, nor used for any other purpose other than as stated.
Yes No

PER REGULATIONS SET IN COLUMBUS CITY CODE 501.05(E), THE LICENSE SECTION HAS THE POWER TO MAKE RULES REGARDING THE "QUALIFICATIONS OF THE APPLICANTS AND THE CONDITIONS PRECEDENT THE APPLICANTS MUST MEET PRIOR TO THE ACQUISITION OF LICENSES." FOLLOWING THIS DIRECTION, ALL APPLICANTS MUST BE ABLE TO READ, SPEAK, AND COMPREHEND THE ENGLISH LANGUAGE IN ORDER TO OBTAIN A VALID LICENSE. BY INITIALING ON THE LINE BELOW YOU AGREE THAT YOU ARE ABLE TO FULFILL THIS REQUIREMENT.
_____ INITIALS

ALL INFORMATION CONTAINED 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 LICENSE, AS WELL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13 (A-3), (A-5), AND CHAPTERS 501 AND 540 IN THE COLUMBUS CITY CODE.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and says he or she is the individual
(Print Applicant's Name)
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 subscribed in my presence this _____ day of _____, 20____.

Notary or Agent of Director of Public Safety
Must be SIGNED, DATED, and NOTARIZED.