

OFFICE USE ONLY

LICENSE # _____

ISSUE DATE _____

EXPIRES _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

**HORSE CARRIAGE
LICENSE APPLICATION**



DEPARTMENT OF
PUBLIC SAFETY

NEW RENEWAL

BUSINESS INFORMATION

Business Name:

Federal ID:

Check One: Sole Proprietor Corporation Partnership LLC

Business Address:

City:

State:

Zip Code:

Business Phone:

Business Email:

Does this business have a current Carriage Company license? **YES** **NO**

OWNER INFORMATION

Full Name:

Title:

Date of Birth:

Email:

Current Address:

City:

State:

Zip Code:

Phone Number:

Cell Phone:

Driver's License Number:

State:

Expiration Date:

Sex:

Height:

Weight:

Hair:

Eyes:

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

YES **NO** If yes, please explain:

Have you ever been convicted of a felony? **YES** **NO**

List all felony convictions in the United States over 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 sexual offender? **YES** **NO**

If yes, date began:

CARRIAGE DESCRIPTION

Year: _____ Make: _____ Design: _____

Serial #: _____ Seating Capacity: _____ Color: _____

Lettering: _____ Carriage #: _____

Other Markings: _____

Stable Location: _____

Insurance Company: _____

Policy Number: _____

Insurance Company Phone Number: _____

Policy Coverage Dates: _____

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 COLUMBUS CITY CODE 589.

State of Ohio, County of Franklin

_____, being duly sworn, deposes and says

(Print Applicant Name)

he/she is the individual making the foregoing application; that he/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/her own knowledge and belief.

(Applicant Signature)

Swore 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