

OFFICE USE ONLY

LICENSE # _____

ISSUE DATE _____

EXPIRES _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTIONCARRIAGE COMPANY
LICENSE APPLICATIONTHE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYORDEPARTMENT 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:

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:

Do your licensed horse carriage drivers have proper training per CCC 594.05 (a)?

YES

NO

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:

List the name, date of birth, driver's license number or State ID number, home address and title of all persons who have a direct or indirect interest in the business (including partners, stockholders, lien holders and corporate officer):

1.

Name

Date of Birth

OL or State ID #

Title

Home Address

Zip Code

2.

Name

Date of Birth

OL or State ID #

Title

Home Address

Zip Code

Attach additional sheet(s) if necessary.

Number of Carriages to be licensed: _____ Number of horses to be licensed: _____

Location of Stable: _____

Location of staging area: _____

Owner of Property: _____

Address: _____

Phone: _____

What rates will be charged:

List all criminal arrests and convictions within the past seven (7) years of any person having direct interest in that which is to be licensed (If none, write "NONE"):

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