

## OFFICE USE ONLY

LICENSE # \_\_\_\_\_

ISSUE DATE \_\_\_\_\_

EXPIRES \_\_\_\_\_

DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTION**CARRIAGE HORSE  
LICENSE APPLICATION**THE 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:

Does this company 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:

## HORSE INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Brand, Tag, Mark or Chip: \_\_\_\_\_

Identifying Markings: \_\_\_\_\_

### Training Statement:

I, \_\_\_\_\_ hereby swear or affirm that the above described horse has been trained to work as a Carriage Horse on the streets of Columbus. The horse should not be a hazard to the vehicular or pedestrian traffic while working.

\_\_\_\_\_  
Applicant Signature

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**