

## PEER-TO-PEER TRANSPORTATION NETWORK COMPANY APPLICATION PACKET

---

Applicants are required to submit the following when applying for a Peer-to-Peer Transportation Network Company License. Please check each box demonstrating that the applicant has the required documentation:

- ☐ A completed and notarized affidavit (included in this packet) affirming that there are no outstanding city tax obligations
- ☐ The certificate demonstrating the company is authorized to transact business in the state of Ohio.
- ☐ A copy of the company insurance policy(s) that meet the requirements in C.C.C. 588.15.
- ☐ The required documentation as specified on page 3 of the application packet.

**Required License Fee:**

- ☐ Peer-to-Peer Company License: \$15,000

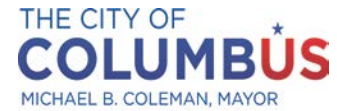
**OFFICE USE ONLY**

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

LICENSE CODE \_\_\_\_\_

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

EXPIRES \_\_\_\_\_

**DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTION****PEER-TO-PEER  
COMPANY LICENSE  
APPLICATION****DEPARTMENT OF  
PUBLIC SAFETY**☐ NEW ☐ RENEWAL

This application is to be completed by a duly authorized representative of the corporation, limited liability corporation, association, joint stock association, person, firm or partnership to be licensed pursuant to Chapter 588 of the Columbus City Code. This person must have the legal authority to sign on behalf of the aforementioned entities and the legal authority to bind the entity to all documents, contracts, and agreements referenced in this application, Chapter 588 of the City Code, and any rules and regulations promulgated pursuant to this Chapter.

Filing this application does not constitute authority to engage in for hire services as a peer-to-peer transportation network company under Chapter 588 of the Columbus City Code. A license fee of \$15,000 must accompany this application. Payment shall be made by check or money order, payable to "Columbus City Treasurer." A peer-to-peer transportation network company shall be authorized to undertake such activities only after the License Section grants the company's application.

**PLEASE TYPE OR PRINT CLEARLY****Statement of Ownership****Applicant is (check one):**☐ **Individual:**

First Name

Middle Name

Last Name

☐ **General Partnership:** List full name of all partners. Use additional sheet if necessary.  
**ALL PARTNERS MUST SIGN ALL FORMS.**

First Name

Middle Name

Last Name

First Name

Middle Name

Last Name

First Name

Middle Name

Last Name

☐ **Corporation**☐ **LLC**☐ **LP**

Show exact name as registered with the Ohio Secretary of State if Ohio law requires such filing.

☐ **Other**

Show exact name and specify type.

**Doing Business As (DBA):** List all DBA names registered with the Ohio Secretary of State if Ohio law requires such filing.

<b>Local Contact Information:</b>			
First & Last Name:			
Business Street Address:			
City:	State:	Zip Code:	County:
Phone Number: (       )		Email Address:	
Company Website:			
<b>If a corporation, LLC, or LP, list all officers, Managing Members, or Partners. Attach additional pages if necessary.</b>			
<b>Name</b>	<b>Title</b>	<b># of Shares</b>	
<b>Control of Corporation, LLC, or LP held by: (check one)</b>			
<input type="radio"/> Individuals listed above  <input type="radio"/> Other: (specify below)			
<b>If Applicant is:</b>		<b>Include the following attachments to the application</b>	
A corporation organized under the laws of Ohio		Articles of Incorporation and Statement of Information filed with the Secretary of State and organizational chart	
A LLC organized under the laws of Ohio		Articles of Organization and organizational chart	
An LP organized under the laws of Ohio		Partnership Agreement and organizational chart	
A corporation, LLC, or LP organized and existing under the laws of a state other than Ohio		Articles of Incorporation, documentation of designation agent in Ohio and license to operate from the Secretary of State, and organizational chart	
A general partnership		Partnership agreement	
<b>Applicant Business Affiliation: (check one)</b>			
<input type="radio"/> Applicant is associated or affiliated with the following business entities by reason of common ownership, control, or management – own part or all of company, hold a responsible position in the company, or guide the operations of the company, directly or indirectly. Please indicate the type of entity – whether a corporation, LLC, LP, general partnership, or other. Use additional sheets if necessary.			
<input type="radio"/> No affiliation exists			

**SAFETY AND OPERATIONS**

Please check each circle to acknowledge that you have read the information.

☐ Applicant shall submit a copy of the peer-to-peer transportation network company commercial liability insurance policy with this application. Said insurance must be current and valid at all times. Applicant shall provide documentation that the insurance company underwriting the required insurance policy is admitted to do business in the state of Ohio or an eligible surplus line company or risk retention group, and has a credit rating of no less than "A-" from A.M. Best or "A" from Demotech. Applicant will not be issued a license by the License Section unless the commercial liability insurance policy(s) satisfies the requirements set forth in Section 588.15 of the Columbus City Code.

☐ Applicant agrees that peer-to-peer transportation network drivers affiliated with the Applicant as an employee or independent contractor shall submit to a BCI background checks conducted by the License Section and provide an Ohio BMV driving record certification as a condition of this license.

☐ Applicant agrees that all peer-to-peer transportation network drivers affiliated with the Applicant as an employee or independent contractor shall submit an inspection form from an ASE Certified Mechanic indicating that the peer-to-peer transportation network vehicle has passed an independent third party mechanical inspection on forms provided by the License Section.

**RENEWAL APPLICATIONS**

If this application is a **renewal application**, list any action, administrative or criminal, taken by the City of Columbus against the application's peer-to-peer transportation network company license.

**ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE PURSUANT TO OHIO PUBLIC RECORDS ACT. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN DENIAL OF A LICENSE APPLICATION OR REVOCATION OF THIS LICENSE. APPLICANT MAY ALSO BE REFERRED FOR CRIMINAL PROSECUTION.**

By signing this application, you agree to the following:

- Abide by all Columbus City Codes and Rules and Regulation governing peer-to-peer transportation network companies and drivers including any/all applicable State of Ohio and Federal laws; and
- Notify the License Section of any changes including business/owner contact information.

State of \_\_\_\_\_, County of \_\_\_\_\_ :

I, \_\_\_\_\_, swear or affirm under penalty of law that  
(Print full legal name of authorized person)

I am \_\_\_\_\_ of applicant company \_\_\_\_\_  
(Print Title) (Print company's full legal name)

I further swear and affirm that I am a company official authorized to execute this application, supporting documentation included with this application, and the instant affidavit.

\_\_\_\_\_  
(Applicant Signature)

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary or Agent of Director of Public Safety

Commission expiration date: \_\_\_\_\_ Notary Registration Number: \_\_\_\_\_

**MUST BE SIGNED, DATED and NOTARIZED**

**Affidavit Submitted**

☐☐

# AFFIDAVIT For License Application

State of Ohio )  
County of Franklin ) ss:

Nature of License Requested:

See the listing below

\_\_\_\_\_, being first duly sworn, deposes and says that I, and/or the business for which I am requesting a license, have no outstanding filing of tax returns and/or a tax due obligation with the City of Columbus, Division of Income Tax.

I, the undersigned, authorize the Columbus Income Tax Division to share relevant information with the Columbus License Section as to whether or not I am, or the referenced business is, in good standing with all City tax obligations.

Check one:

**Print** Legal Name of Individual or Business for which the license is being requested

☐

I have an existing tax account with the City of Columbus

☐

I have had no need for a city tax account before this date.

Mailing Address for Tax Returns or Correspondence

Social Security Number or Federal Employer Identification Number

City/State/Zip

Affiant (Applicant's) Signature

SWORN TO BEFORE ME and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

Notary Public

**Do not complete this Affidavit if you have an outstanding tax obligation with the Columbus Division of Income Tax or are uncertain about prior obligations. Incomplete, false or illegible information may result in the denial or revocation of your license.** If you have any questions regarding prior tax obligations or you do not understand local taxes, please contact the Columbus Income Tax Division at (614) 645-7370, Monday through Friday 8:00 a.m. through 5:00 p.m.

This notarized form is to be submitted to:  
Dept. of Public Safety  
License Section  
750 Piedmont Ave.  
Columbus, Ohio 43215

Do not submit any Federal, State or City tax forms to the License Section. This Affidavit will be forwarded to the Columbus Division of Income Tax to determine your eligibility for a license or renewal.

My Commission Expires

**Types of Licenses:**

- Alarms
- Arcade
- Carnival
- Charitable Solicitations
- Closing Out Sale
- Closing Out Sale Extension
- Commercial
- Commercial Sales License
- Commercial Sales Promoter
- Distressed Merchandise Sale
- Distressed Merchandise Ext.
- Horse Carriage Company
- Horse Carriage Driver
- Itinerant Vendor
- Livery Chauffeur
- Livery's Owner License
- Massage Establishment
- Masseuse/Masseur
- Mobile Food Vendor
- Pedicab Driver
- Pedicab Owner
- Peer to Peer Company
- Peer to Peer Driver
- Pool Billiard
- Professional Fundraising
- Scrap Metal Facility
- Taxi Driver
- Taxi Owner