

OFFICE USE ONLY

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

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

EXPIRES \_\_\_\_\_

DEPARTMENT OF PUBLIC SAFETY  
LICENSE SECTION

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:

Phone Number:

Cell Phone:

Email:

OWNER INFORMATION

Full Name:

Date of Birth:

Email:

Current Address:

City:

State:

Zip Code:

Phone Number:

Cell Phone:

Ohio Driver's License Number:

Expiration Date:

Sex: M F Race: Height: Weight: Hair: Eyes:

Are you legally authorized to work in the United States? YES NO

All applicants will be required to prove Lawful Presence in the United States and provide Proof of Identity.

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: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

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**