DEPARTMENT OF PUBLIC SAFETY LICENSE SECTION



SHORT-TERM RENTAL INFORMATION SHEET

REQUIREMENTS

Short-Term Rental Application (Attached)

- · Proof of Identity:
 - o Ex: State Issued Driver's License/I.D., Passport, Military I.D., Government Issued I.D.
- Proof of Residency: Two documents proving primary residence
 - o Ex: Motor Vehicle Registration, Tax Documents, or Utility Bill
 - O If you are not the property owner you must be the primary resident.
 - o If the applicant is not the property owner a copy of the lease/rental contract that explicitly allows usage as a Short Term Rental must be provided as well as the required Proof of Residency.
- Letter of Good Standing: Is Required from the City of Columbus Department of Income Tax though the CRISP website. See attachment page 3.

• BCI Background Check Requirements:

- A BCI Background Check by the applicant, the host (if different than the applicant), the 24-hour emergency contact and the property manager (if one is used) can be completed at the License Section at a cost of \$32.00 or can be completed at an authorized WebCheck Agency, but the results must be mailed directly by the WebCheck Agency to the License Section 4252 Groves Rd, Columbus, Ohio 43232.
- For all business organization applicants, an individual who is either statutory agent, a partner, or in case of an LLC a managing individual must submit to and provide the results of a BCI background check.

Other Applicant Requirements:

- Be prepared to list the names of all hosting platforms that the applicant has successfully been registered to list a short-term rental and documentation confirming hosting platform registration(s).
 - O Examples: Airbnb, VRBO, HomeAway, Tripping, FlipKey, Expedia, etc.
- Provide a list of names and addresses of any other short-term rental located in the City of Columbus that the applicant has any interest in, including but not limited to ownership, licensure or management.
- A 24/7 local contact individual/information must be provided, including their residential address.
- When required a signed Short Term Rental Agreement.
- * All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or provide in or furtherance of this application shall result in denial of a new or renewal license, potential suspension or revocation, as well as criminal prosecution under Ohio Revised Code Chapter 29 and/or C.C.C. 501 and 598.

The time frame for reviewing, investigating, and approving a new or renewal short-term rental permit may take a little longer. If you have obtained (or consented to share) the Letter of Good Standing, the BCI background check has been submitted, and the application is supported by all necessary information as required, it is possible you could receive your short-term rental permit in a more expedited timeline. However, more than likely, it may take a few days to a week to move through the entire process.

Application fee - \$20.00 Primary Residence Permit fee - \$75.00 Non-Primary Residence Permit fee - \$150.00 BCI Background Check fee - \$32.00

City of Columbus-License Section 4252 Groves Rd Columbus, OH 43232 Monday - Friday 8:00 a.m. to 3:30 p.m.

Applications and supporting documents may be submitted via one of the following:

- 1. In person at the License Section (see above for location and hours
- *2. Emailed to str@columbus.gov
- *3. Mailed to the License Section (see above for location)
- *4. Placed in the License Section drop box



OFFICE USE ONLY License #_____ Issue Date:___ Expiration Date:_____

DEPARTMENT OF PUBLIC SAFETY LICENSE SECTION

SHORT-TERM RENTAL APPLICATION



NEW RENEWAL

LIDDATE INEO

	PRI	MARY	NON-PR	IMARY	OPDATE INFO
APPLICANT -	PROPERTY	OWNER OR PER	MANENT OCC	CUPANT IN	NFORMATION
PLEASE CHECK CORRECT APPLICAN	PRO	PERTY OWNER			
Applicant's Full Name:					OFFICE USE ONLY
Mailing Address:					
City: Stat		:e:	Zip:		
Phone:	Email:				
Business Name (If applicable, as	filed with S	OS):			
Business Mailing Address (where	e incorporat	ed):			
Entity/Corporation #:		Д	pplicant's Rela	tionship to	Business:
:	DRMATION	N			
Street Address:		S	te/Apt:	Parcel No): -
City:	Stat	e:			Zip:
Number of Guestrooms Availabl	ccupancy l	Number:			
List All Affiliated Online Hosting	Platforms:		•		
HOST	AND/OR S	HORT-TERM REN	TAL PROPERTY	MANAGE	MENT
Host Information:					
Short-Term Property Management Co:					OFFICE USE ONLY
Short-Term Property Manageme	ent Rep/Age	ent:			
Mailing Address:					
City:	Stat	ie:	Zip:		
Phone:		Email:			
24-HO	JR POINT (OF LOCAL CONTA	CT INFORMAT	TION IS RE	QUIRED
Full Name:					OFFICE USE ONLY
Residential Address:	_				
City:	State	e:	Zip:		
hone: Email:					

	APPLICANT E	BACKGRO	DUND IN	FORMATI	ON	
Have you ever been convic	ted of a felony? Ye	s N	0			
If yes, list all felony convicti	ons that occurred in the	United S	tates witl	nin the pas	t seven (7) years:	
Are you on felony probation	n or parole? Yes	No			If yes, date began:	
Have you ever been convic	ted of a sexual offense o	crime?	Yes	No	If yes, date convicted:	
Have you had a City of Colu	ımbus license and/or pe			sed, or sus	pended within the past three (3) ye	ars?
	rements (C.C.C. 501 & 5		Title 45)	as well as	Code, including all Fire, Health, Saf all Ohio Building Code (O.A.C. Chap	
		Yes	No			
statement made or provi potential suspension or r	de in or furtherance of evocation, as well as c C	this appl riminal pr C.C. 501	ication shosecution and 598.	nall result n under O	matter of public record. Any false in denial of a new or renewal licen hio Revised Code Chapter 29 and/	se,
l hereby acknowledge	e the above statement r	egarding	public re	cords disc	losure, by checking this box.	
defined in ORC 149.43 to ORC 149.43(A)(8) s	(A)(7)-(9) and/or w hall notify the Licer	ould qu se Offic	alify to e at the	have the time of	public service worker" as eir information redacted pursuapplication and shall provide ice with their application.	
State of	, County of				;	
licensed; and that the ai his or her own knowleds	ne) oplication; that he or s nswers to the foregoir ge and belief.	he is kno g questi	wledgea ons and d	ble with r	and says he or she is the individuespect to that which is to be ements contained herein are true (Applicant's Signature)	
Notary o	or Agent of Director o	f Public	Safety			

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COLUMBÚS

OFFICE OF MEGAN N. KILGORE, CITY AUDITOR

CRISP help line - 614-645-8899 9am - 4pm, Monday though Friday.