

OFFICE USE ONLY

LICENSE # _____

ISSUE DATE _____

EXPIRES _____

**LICENSE SECTION
CARRIAGE COMPANY
LICENSE
APPLICATION**



DEPARTMENT OF BUILDING AND ZONING SERVICES

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:

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

Attached 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 Building and Zoning Services
The application must be signed, dated, and notarized.