

SHORT-TERM RENTAL INFORMATION SHEET

REQUIREMENTS

- **Short-Term Rental Application** (Attached)
 - **Proof of Identity:**
 - Ex: State Issued Driver's License/I.D., Passport, Military I.D., Government Issued I.D.
 - **Proof of Residency:** Two documents proving primary residence
 - Ex : Motor Vehicle Registration, Federal Tax Documents (w2, 1099), or Utility Bill
 - If you are not the property owner you must be the primary resident.
 - 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 through 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).
 - 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 (IN PERSON) - \$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

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OFFICE USE ONLY

License # _____

Issue Date: _____

Expiration Date: _____

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

**SHORT-TERM RENTAL
APPLICATION**



DEPARTMENT OF
PUBLIC SAFETY

NEW

RENEWAL

UPDATE INFO

APPLICANT - PROPERTY OWNER OR PERMANENT OCCUPANT INFORMATION PLEASE CHECK CORRECT APPLICANT TYPE:

PROPERTY OWNER

NON-OWNER/ PERMANENT OCCUPANT

PRIMARY

NON-PRIMARY

PRIMARY

Applicant's Full Name:

OFFICE USE ONLY

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Business Name (If applicable, as filed with SOS):

Business Mailing Address (where incorporated):

Entity/Corporation #:

Applicant's Relationship to Business:

SHORT-TERM PROPERTY LOCATION INFORMATION

Street Address:

Ste/Apt:

Parcel No:

City:

State:

Zip:

Number of Guestrooms Available (5 or less):

Maximum Occupancy Number:

List All Affiliated Online Hosting Platforms:

HOST AND/OR SHORT-TERM RENTAL PROPERTY MANAGEMENT

Host Information(REQ):

Short-Term Property Management Co:

OFFICE USE ONLY

Short-Term Property Management Rep/Agent:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

24-HOUR POINT OF LOCAL CONTACT INFORMATION IS REQUIRED

Full Name:

OFFICE USE ONLY

Residential Address:

City:

State:

Zip:

Phone:

Email:

APPLICANT BACKGROUND INFORMATION

Have you ever been convicted of a felony? Yes No

If yes, list all felony convictions that occurred in the United States within the past seven (7) years:

Are you on felony probation or parole? Yes No

If yes, date began:

Have you ever been convicted of a sexual offense crime? Yes No

If yes, date convicted:

Have you had a City of Columbus license and/or permit revoked, refused, or suspended within the past three (3) years?
No

Applicant must submit a signed and notarized application in order to receive a short-term rental permit and register any dwelling prior to listing it on a host platform. The License Section has staff to assist with notarization when submitted in person.

I have read, understood, and meet all provisions set forth by the Columbus City Code, including all Fire, Health, Safety, Housing and Zoning requirements (C.C.C. 501 & 598; C.C.C. Title 45) as well as all Ohio Building Code (O.A.C. Chapter 4101) and all relevant Federal laws.

Yes No

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.

I hereby acknowledge the above statement regarding public records disclosure, by checking this box.

Applicants who believe they meet the definition of a “designated public service worker” as defined in ORC 149.43(A)(7)-(9) and/or would qualify to have their information redacted pursuant to ORC 149.43(A)(8) shall notify the License Office at the time of application and shall provide sufficient supporting evidence/documentation to the License Office with their application.

State of _____, County of _____;

_____, being duly sworn, deposes and says he or she is the individual
(Print Applicant's Name)

making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed; and that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

(Applicant's Signature)

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

Notary or Agent of Director of Public Safety

**Good things are
here, taxpayers!**



Paperless
Tax Filing

Online Access to
Your Account

Secure
Payments

24/7
Interactive
Chat Bot



Visit crisp.columbus.gov
to learn more!

THE CITY OF
COLUMBUS

OFFICE OF MEGAN N. KILGORE,
CITY AUDITOR

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