

LICENSE SECTION

SHORT-TERM RENTAL INFORMATION SHEET



DEPARTMENT OF BUILDING AND ZONING SERVICES

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
Letter of Good Standing: Is required from the City of Columbus Department of Income Tax through the CRISP website.
BCI Background Check Requirements:
Other Applicant Requirements:

* 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 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 week or more to move through the entire process. Obtaining an Ohio BCI out of state takes longer.

Table with 2 columns: Fees (Application fee - \$20.00, Primary Residence Permit fee - \$75.00, Non-Primary Residence Permit fee - \$150.00, BCI Background Check fee - \$32.00) and Contact Information (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

* Application must be notarized prior to submission

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OFFICE USE ONLY

License # _____
Issue Date: _____
Expiration Date: _____

LICENSE SECTION
**SHORT-TERM RENTAL
APPLICATION**



DEPARTMENT OF BUILDING
AND ZONING SERVICES

NEW RENEWAL UPDATE INFO

APPLICANT PROPERTY OWNER OR PERMANENT OCCUPANT INFORMATION

(PLEASE CHECK CORRECT APPLICANT TYPE)

*All parties on application require an Ohio BCI

PROPERTY OWNER

NON-OWNER/ PERMANENT OCCUPANT

PRIMARY NON-PRIMARY

PRIMARY

Applicant's Full Name:
Mailing Address:
City: State: Zip:
Phone: Email:

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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 (* REQUIRED SECTION)

Platform Listing Host(s) 1. _____ 2. _____

SHORT-TERM RENTAL PROPERTY MANAGEMENT if applicable

Short-Term Property Management Co:
Short-Term Property Management Rep/Agent:
Mailing Address:
City: State: Zip:
Phone: Email:

BCI Date OFFICE USE ONLY
OFFICE USE ONLY

24-HOUR POINT OF LOCAL CONTACT (*INFORMATION IS REQUIRED)

Full Name:
Residential Address:
City: State: Zip:
Phone: Email:

OFFICE USE ONLY

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? Yes 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 Building and Zoning Services

**Good things are
here, taxpayers!**



File your Columbus taxes ONLINE!

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.**