#### 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, Federal Tax Documents (w2, 1099), or Utility Bill( excluding internet or cable)
  - 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 an Ohio 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 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.

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



| OFFICE USE ONLY  License #  Issue Date:  Expiration Date:  | LICENSE SECTION SHORT-TERM RENTAL APPLICATION |            |            |                           | C<br>AND<br>DE      | CITY OF OLUMBUS  OLUMBUS  OR J. GINTHER, MAYOR  EPARTMENT OF BUILDING  ND ZONING SERVICES |  |
|--|---|------------|------------|---------------------------|---------------------|---|--|
|  | □ N   | EW [       | REN        | EWAL                      |                     | UPDATE INFO   |  |
| APPLICANT PROPERTY OWNER OR PERMANENT OCCUPANT INFORMATION  (PLEASE CHECK CORRECT APPLICANT TYPE)  *All parties on application require an Ohio BCI PROPERTY OWNER. |   |            |            |                           |                     |   |  |
| PROPERTY OWNER NON-OWNER/ PE   |   |            |            |                           | RMANE               | NT OCCUPANT   |  |
| PRIMARY NON-PRIMARY plicant's Full Name:   |   |            |            | PRI                       | IMARY [             |   |  |
| Applicant's Full Name:   |   |            |            |                           |                     | OFFICE USE ONLY   |  |
| Mailing Address:   |   |            |            |                           |                     |   |  |
| City:  | State:  |            | Zip:       | Zip:                      |                     |   |  |
| Phone: E   | mail:   | nail:      |            |                           |                     |   |  |
| Business Name (If applicable, as filed with SOS):  |   |            |            |                           |                     |   |  |
| Business Mailing Address (where inc  | orporated):                                   |            |            |                           |                     |   |  |
| Entity/Corporation #: Applicant's Relationship to I  |   |            |            |                           | Business:           |   |  |
| SH   | ORT-TERM                                      | PROPERTY   | LOCATIO    | N INFORMAT                | ION                 |   |  |
| Street Address: Ste  |   |            | Ste/Apt:   | Parcel N                  | lo:                 |   |  |
| City:  |   | State:     |            | Zip:                      |                     |   |  |
| Number of Guestrooms Available (5 or less):  |   |            |            | Maximum Occupancy Number: |                     |   |  |
| ist All Affiliated Online Hosting Platforms:   |   |            |            |                           |                     |   |  |
| HOST (* REQUIRED SECTION)  |   |            |            |                           |                     |   |  |
| Platform Listing Host(s)   | NOT TERM 5                                    | DENTAL DOO | DEDT\      | 2.                        |                     |   |  |
|  |   | RENTAL PRO | PERIYMA    | NAGEMENT if a             | pplicable  BCI Date | OFFICE USE ONLY   |  |
| Short-Term Froperty Management Co.   |   |            |            |                           |                     | OIT TOE OSE ONET  |  |
| Short-Term Property Management Rep/Agent:  |   |            |            |                           | -                   | OFFICE USE ONLY   |  |
| Mailing Address:   |   |            |            |                           | _                   | OFFICE USE ONLY   |  |
| City:  | State:  |            | Zip:       | Zip:                      |                     |   |  |
| Phone:   | E   | Email:     |            |                           |                     |   |  |
| 24-HOUR  | POINT OF                                      | LOCAL CONT | TACT (*INF | ORMATION IS               | REQUIF              | RED)  |  |
| 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?  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 149.43(A)(7)-(9) and/or would qualify to have their information redacted notify the License Office at the time of application and shall provide su evidence/documentation to the License Office with their application.   | pursuant to ORC 149.43(A)(8) shall |  |  |  |  |  |  |  |
| 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 t the answers to the foregoing questions and other statements contained herein a belief.  |                                    |  |  |  |  |  |  |  |
|   | (Applicant's Signature)            |  |  |  |  |  |  |  |
| Sworn to before me and subscribed in my presence thisday of   | , 20                               |  |  |  |  |  |  |  |
| Notary or Agent of Director of Building and Zoning Services   |                                    |  |  |  |  |  |  |  |
|   |                                    |  |  |  |  |  |  |  |

# 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!

COLUMBUS

OFFICE OF MEGAN N. KILGORE, CITY AUDITOR

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