



Instruction Sheet for Motor Vehicle Repair Garage License

Phone: (216) 664-2264

Hours of Operation:
8:00 a.m. to 4:30 p.m. Weekdays

dallicenses@clevelandohio.gov

Before completing and submitting your application to our office, please read all materials and information included. If you have any questions, please call our office at (216) 664-2264 BEFORE YOU APPLY.

A Motor Vehicle Repair Garage License is required to operate a garage that performs repairs, service, maintenance, alterations, diagnostic testing, or bodywork to a vehicle.

This is an annual license that expires on June 1st.

City of Cleveland Codified Ordinance Chapter §676A, Motor Vehicle Repair Garages

WARNING: Knowingly making a false or fraudulent application for a license constitutes grounds for denial, suspension or revocation.

City of Cleveland employees may not provide legal advice to the public. The information provided is for informational purposes only and is not legal advice. For questions regarding the application of a city ordinance or regulation, you should consult an attorney regarding your specific situation.

You may apply for this license in person, online or by mail

In Person:

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section* below).
2. Complete the application in its entirety and sign (print legibly using blue or black ink).
3. Visit our office located at the address in the top right-hand corner between the hours provided above.
4. Bring the correct fee as listed below. Acceptable forms of payment are money orders, checks, debit/credit cards and cash.

Online:

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section* below).
2. Go to <https://ca.permitcleveland.org/public/Default.aspx>, and follow the *Online Application Instructions* included in this packet.
3. Be prepared to submit the applicable fee as listed below. Acceptable forms of payment are electronic check and debit/credit cards.

By Mail:

1. Gather all supporting documentation that must be submitted along with the application (see *What to bring or submit to the Division of Assessments & Licenses Section* below).
2. Make copies of all documentation.
3. Complete the enclosed application in its entirety and sign (print legibly using blue or black ink).
4. Mail the completed application, supporting documentation and applicable fee as listed below to the Division of Assessments and Licenses at the address listed above in the top right-hand corner. Acceptable forms of payment for mailed applications are Money Orders and Checks (DO NOT SEND CASH OR CREDIT CARD INFORMATION IN THE MAIL).

What to bring or submit to the Division of Assessments and Licenses

1. Completed and signed application.
2. A **copy** of **each** listed location's Certificate of Occupancy or Building Use permit.

If you are unable to locate this permit for each location or you do not have this permit for each location, please contact the Department of Building and Housing, Code Enforcement Section at (216) 664-2910.

3. Fee of \$75.00 per location.



CITY OF CLEVELAND
Mayor Justin M. Bibb

Motor Vehicle Repair Garage License Application

City of Cleveland
Division of Assessments and Licenses
601 Lakeside Avenue, Room 122
Cleveland, Ohio 44114

Phone: (216) 664-2264

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Date:	License # (internally assigned):
Fee: \$75.00 per location (Non-Refundable)	

SECTION A - BUSINESS INFORMATION

BUSINESS TYPE			
<input type="checkbox"/>	Person (Sole Proprietorship)	<input type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership (General or Limited)
<input type="checkbox"/>	Other (specify)		
Legal Name:			
DBA / Alias:			
Business Address:			
City:		State:	Zip:
Mailing Address (If different than above):			
City:		State:	Zip:
Telephone #:		Email:	
Federal ID Number:		Ward Number:	
Certificate of Occupancy Number: (Issued from the Department of Building & Housing)			
Does this location sell, repair or handle tires? YES OR NO (CIRCLE ONE)			

SECTION B - APPLICANT INFORMATION (INDIVIDUAL)

Name:	Title:		
Address (Residential):			
City:		State:	Zip:
Telephone #:	Email:		
Are you the Owner:			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C - OWNERSHIP INFORMATION – provide the full name, complete address and telephone number of each corporate officer, owner, general partner, stockholder and/or director with a controlling interest. Make copies of this page if additional space is needed.

Name:	Title:		
Home Address:			
City:		State:	Zip:
Telephone #:	Email:		
Name:		Title:	
Home Address:			
City:		State:	Zip:
Telephone #:	Email:		
Name:		Title:	
Home Address:			
City:		State:	Zip:
Telephone #:	Email:		

Attach additional sheets if necessary



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SECTION D - ADDITIONAL BUSINESS LOCATIONS - If the applicant will be applying for licenses at more than one location, please list the additional locations below. An additional \$75.00 is required for each additional location listed.

Location #2

Legal Name:			
DBA / Alias:			
Address:		Zip:	Ward #:
Telephone #:	Email		
Certificate of Occupancy Number: (Issued from the Department of Building & Housing)			
Does this location sell, repair or handle tires? YES OR NO (CIRCLE ONE)			

Location #3

Legal Name:			
DBA / Alias:			
Address:		Zip:	Ward #:
Telephone #:	Email:		
Certificate of Occupancy Number: (Issued from the Department of Building & Housing)			
Does this location sell, repair or handle tires? YES OR NO (CIRCLE ONE)			

Location #4

Legal Name:			
DBA / Alias:			
Address:		Zip:	Ward #:
Telephone #:	Email:		
Certificate of Occupancy Number: (Issued from the Department of Building & Housing)			
Does this location sell, repair or handle tires? YES OR NO (CIRCLE ONE)			

Attach additional sheets if necessary

SECTION E - ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand City of Cleveland Codified Ordinance Chapter §676A, Motor Vehicle Repair Garages. I declare under penalty of perjury that the above information is true and correct. I understand that if this information is found to be fraudulent, the license/permit issued in association with this statement will be revoked.

SIGNATURE OF APPLICANT