



CITY OF CLEVELAND  
Mayor Justin M. Bibb

## Information Sheet for Taxicab License

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

Phone: (216) 664-2264

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

[DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov)

### When is a Taxicab License required?

A Taxicab License is required for any public vehicle whose owner or driver secures or accepts passengers for hire on the public streets, or in public or quasi-public places, including hotels.

This license is only available to companies of at least fifteen (15) vehicles. All applications must be reviewed and approved by the Commissioner of Assessments and Licenses before a license can be issued.

This is an annual license that expires on November 30<sup>th</sup>.

For more information, please refer to the City of Cleveland Codified Ordinances Chapter §443, Taxicabs and the Taxicab Rules and Regulations.

**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.**

### How to obtain and/or submit a Taxicab License application

In Person: Cleveland City Hall, Division of Assessments and Licenses, 601 Lakeside Avenue, Room 122, Cleveland, OH 44114.

Email: Complete, scan and email the application **and** required secondary documentation to [DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov).

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

#### **New Applicants**

Must contact our office at (216) 664-7479 to schedule an appointment to discuss your business plan.

#### **Renewal Applicants**

- 1) Completed and signed application.
- 2) A policy or certificate of liability insurance for each hack for which a license is sought, with the following limits: one hundred thousand dollars (\$100,000.00) per person, three hundred thousand dollars (\$300,000.00) per vehicle, and one hundred thousand dollars (\$100,000.00) for property damage, or a combined single limit policy of three hundred thousand dollars (\$300,000.00).
  - a) The policy shall further contain a clause obligating the insurance company to give ten days' written notice to the Commissioner before cancellation of the policy.
  - b) The City of Cleveland **must** be listed as the Certificate Holder.
- 3) A current schedule of vehicles that clearly list the vehicle identification number (VIN) and the Taxicab Number for each insured vehicle on your **Insurance Company's Letterhead**.
- 4) A copy of a valid vehicle registration for each vehicle with the Taxicab Number notated in the upper right hand corner. **Please note a copy of the vehicle title will not be accepted.**
- 5) **All Fees.** Fees are payable by check or credit card only and are non-refundable. Make checks payable to the City of Cleveland. For credit card payments, an Automatic Payment Authorization form must be completed and submitted with the application.



CITY OF CLEVELAND  
Mayor Justin M. Bibb

## Taxicab License Application

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

Phone: (216) 664-2264

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

[DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov)

<b>Date:</b>	<b>License Number:</b> (internally assigned)
--------------	---

I hereby make application for the following taxicab license(s) for the 20\_\_-20\_\_ licensing year:

Per Vehicle		Quantity	Total
9 or less passengers	\$ 75.00 each		\$
10 or more passengers	\$ 150.00 each		\$
<b>Total Amount Due</b>			<b>\$</b>

### SECTION A - BUSINESS INFORMATION

<b>BUSINESS TYPE</b>			
<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:		State Incorporated:	
Business Address:			
City:		State:	Zip:
Telephone # (including area code):		Email:	
Federal ID or Social Security Number:			
Police District: <small>(Cleveland Businesses Only)</small>		Ward #: <small>(Cleveland Businesses Only)</small>	

### SECTION B - APPLICANT INFORMATION

Name:		Title:		
Address (Residential):				
City:		State:	Zip:	
Telephone # (including area code):		Email:		
Date of Birth:	Social Security #:	Driver's License #:	State:	Expiration Date:

**\*\*INTENTIONALLY LEFT BLANK\*\***



CITY OF CLEVELAND  
Mayor Justin M. Bibb

## Taxicab License Application

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

Phone: (216) 664-2264

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

[DALLicenses@clevelandohio.gov](mailto:DALLicenses@clevelandohio.gov)

### SECTION C - OWNER(S) OR OFFICERS OF CORPORATION OR PARTNERSHIP

Name:			
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:
Name:			
Address:	City:	State:	Zip:

### SECTION D - INSURANCE INFORMATION

Name:			
Address:			
City:	State:	Zip:	
Telephone # (including area code):	Email:		
Policy Number:	Policy Expiration Date:		

### SECTION E - DECLARATION

**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(s) issued in association with this statement will be revoked. Applicant hereby acknowledges that he/she has read and understands Codified Ordinance Chapter §443, Taxicabs, the Taxicab Rules and Regulations, the Taxicab Passenger Bill of Rights and understands the obligations contained therein.**

### SIGNATURE OF APPLICANT

--

--	--

Print Name

Today's Date

PROVIDE THE FOLLOWING INFORMATION FOR EACH VEHICLE IN YOUR FLEET

OR

SUBMIT AN EXCEL (.XLS) ELECTRONIC FORMAT FILE WITH ALL THE REQUIRED INFORMATION DISPLAYED

ALL FIELDS MUST BE COMPLETED

Cab #	Make/Model	Year	VIN	License Plate #	*W.A.V. Yes/No	Meter Information			Fuel Type (diesel, electric, propane)
						Make/Model	Serial #	Seal #	

\*Wheelchair Accessible Vehicle