

Instruction Sheet
for
Chauffeur's License
(Taxicab Operator)

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 Chauffeur's License is required to operate a vehicle licensed by the City of Cleveland as a Public Hack or Taxicab to secure or accept passengers for hire on the public streets, or in public or quasi-public places within the City limits.

This is an annual license that expires on November 30th.

As the licensee, you are expected to be completely familiar with the requirements of City of Cleveland Codified Ordinance Chapter §443, Taxicabs, the Taxicab Rules and Regulations and the Taxicab Passenger Bill of Rights.

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.

In order to obtain this license, you must work for one of the companies licensed to operate within the City of Cleveland. Please contact the company where you would like to work *BEFORE* submitting an application.

You may apply for this license in person, on-line 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 of 8:00 a.m. and 4:30 p.m., Monday through Friday.
4. Bring the fee of \$60.00. Acceptable forms of payment are money orders, checks, debit/credit cards and cash.

On-Line:

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 instructions on Attachment B.
3. Be prepared to submit the license fee of \$60.00 plus all applicable convenience fees. 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 fee of \$60.00 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

New Applicants (Requirements for new drivers and those drivers whose current year license has expired)

- 1) Completed and signed application.
- 2) A **copy** of a current and valid state-issued driver's license.
- 3) A medical certification **and** drug test performed within thirty (30) days of application submission.
- 4) **Fee of \$60.00.** This fee is non-refundable.
**** Please note, the State of Ohio BCI Background Check must be submitted within sixty (60) days of license issuance and the Taxicab Geography Exam must be passed upon reinstatement.****

Transfer Applicants

- 1) Completed and signed application.
- 2) A **copy** of a current and valid state-issued driver's license.
- 3) **Fee of \$60.00.** This fee is non-refundable.

Renewal Applicants (Requirements for drivers with current year licenses that submit a renewal application on or before November 30, 2022)

- 1) Completed and signed application.
- 2) A **copy** of a current and valid state-issued driver's license.
- 3) A **copy** of your State of Ohio BCI check results where the completion date is within three (3) years of application submission.
- 4) A Certificate of Payment from the Parking Violations Bureau **within thirty (30) days of application submission.**
- 5) **Fee of \$60.00.** This fee is non-refundable.



CITY OF CLEVELAND
Mayor Justin M. Bibb

Chauffeur's License Application

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

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Date:	Fee: \$60.00 – (Non-Refundable)
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<input type="checkbox"/>	New	Company Name:	
<input type="checkbox"/>	Renewal	Company Name:	Chauffer's License #:
<input type="checkbox"/>	Transfer	From Company Name:	Chauffer's License #:
		To Company Name:	

SECTION A - APPLICANT INFORMATION

Legal Name:				
Maiden Name (females):				
Race/Ethnicity:				
Address:				
City:	State:	Zip:	Time @ Address:	yrs./mos. (Circle One)
Telephone #:		Email:		
Social Security Number (Required):				
Eye Color:		Hair Color:		
Weight:		Height:		
Date of Birth:		Place of Birth:		

SECTION B - PREVIOUS ADDRESSES – LIST FIVE (5) YEARS PREVIOUS ADDRESSES

Address:				
City:	State:	Zip:	Time @ Address:	yrs./mos. (Circle One)
Address:				
City:	State:	Zip:	Time @ Address:	yrs./mos. (Circle One)
Address:				
City:	State:	Zip:	Time @ Address:	yrs./mos. (Circle One)
Address:				
City:	State:	Zip:	Time @ Address:	yrs./mos. (Circle One)
Address:				
City:	State:	Zip:	Time @ Address:	yrs./mos. (Circle One)

SECTION C – LIST TWO (2) CHARACTER REFERENCES RELATIVES OR LICENSED TAXI DRIVERS ARE NOT ACCEPTED

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Employed by:	Employed by:
Telephone:	Telephone:



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SECTION D – CRIMINAL HISTORY

This area must be completed before a license can be issued. Failure to disclose offense(s) is grounds for denial of this application.

1.	Have you ever been convicted or charged of manslaughter or negligent homicide, resulting from the operating of a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been convicted or charged of driving a motor vehicle while under the influence of intoxicating liquors or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been convicted or charged of any felony in the commission of which a motor vehicle was used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted or charged of failure to stop and render aid or leaving the scene of an accident in Ohio?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you been convicted of three (3) or more moving violations in the State of Ohio in the last twelve (12) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you been convicted of any law involving violence, theft or any form of stealing, or any crime involving moral turpitude within the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you been convicted or charged of possessing opened or unopened beer, whiskey or wine, drugs or other stimulants not specifically prescribed for you by a medical doctor, gambling equipment or paraphernalia, stolen goods or any contraband property of any kind within a taxicab?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the following details on any "YES" answer provided above.

Line #	Charge/Conviction Date	Type of Offense (Felony, Misdemeanor, etc.)	City/State of Charge	Fine/Sentence

If necessary, attach additional sheets

SECTION E - QUESTIONNAIRE

Did you pass the Taxicab Geographical Exam? (<i>New Applicants Only</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide date:	
Did you have a Taxi Driver Chauffeur's License prior to this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, last year licensed?	
Was it ever suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.	
Do you speak, read and write the English language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you addicted to liquor or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do you have a vision condition not corrected by glasses, contacts or surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	



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Do you have a hearing condition/impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain.		
Do you have any other mental or physical condition/impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain.		
Do you have a valid government issued driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the State of issuance?	License Number:	Expiration Date:

SECTION F - ACKNOWLEDGEMENT

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 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 of operating a Taxicab within the City of Cleveland.

SIGNATURE OF APPLICANT