



**Information & Instruction Sheet  
for  
Carriage Business & Vehicle Licenses**

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 do you need a Carriage Business and Vehicle License?](#)**

A Carriage Business and Carriage Vehicle License are required to operate a horse-drawn vehicle, driven manually or mechanically; pedal-propelled carriages and/or Pedi-cabs that secures or accepts passengers for hire on public streets or in public or partially-public places. In addition to these licenses, a Carriage Operator License is required for every individual operating a carriage as previously defined. This is a separate application and fee.

**Carriage operators or businesses operating as part of a “Special Event” permitted under City of Cleveland Codified Ordinance Chapter §131.07 that lasts less than three (3) consecutive days shall be exempt from the license requirements.**

This is an annual license that expires on March 31<sup>st</sup>.

City of Cleveland Codified Ordinances Chapter §447, Carriages.

**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, by mail or email](#)**

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

Via 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](#)**

- 1) Completed, signed and notarized application.
- 2) A **copy** of a current and valid state-issued drivers’ license.
- 3) A **copy** of a current and valid Certificate of Insurance for **each carriage vehicle** for which a license is sought, acceptable to and approved by the Commissioner and the Director of Law, insuring the applicant against property damage and personal injury liability in the following amounts not less than five hundred thousand dollars (\$500,000.00) for injuries, including accidental death, to any one (1) person, not less than one million dollars (\$1,000,000.00) on account of one (1) occurrence involving injury to more than one (1) person, and five hundred thousand dollars (\$500,000.00) for property damage.
  - ✓ The license shall expire upon the lapse or termination of the policy of insurance
  - ✓ The policy of insurance required by this section shall contain a provision for continuing liability thereunder to the full amount thereof, notwithstanding any recovery thereon
  - ✓ The City of Cleveland must be listed as the “Additional Insured” on the policy
- 4) Route map (s) and operation schedule on no larger than 8½ x 11 paper to include the following:
  - a) Map of **each** tour route on which the carriage wants to operate
  - b) Location of each curbside area that will be designated for the pick-up and discharge of passengers
- 5) Schedule of Rates and Charges for **each** tour route. Submit only one schedule if the rates and charges are the same for all tour routes.
- 6) Photographs of each horse **and/or** vehicle 3x4 – 300 dpi resolution.
- 7) **For horse-drawn carriages only**, a medical certificate for **each horse** that will be used by the applicant in the operation of horse-drawn carriages. The medical certificate shall be signed by a registered veterinarian and shall indicate that the horse is medically fit, in good health both physically and by temperament, sufficient to pull a horse-drawn carriage, and has received all those inoculations which are determined to be usual and customary according to generally-accepted principles of animal husbandry.
- 8) Fees of \$150.00 for Business License **and** \$70.00 per Vehicle License. Fees are payable by cash, check or credit card. This fee is non-refundable. Make checks payable to the City of Cleveland. For email submissions, an Automatic Payment Authorization form must be completed and submitted **via secured fax** to (216) 420-7804 **prior** to the application being processed.



CITY OF CLEVELAND  
Mayor Justin M. Bibb

## Carriage Business & Vehicle License Application

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

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Date:	License Number (internally assigned):
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SECTION A – FEE CALCULATION					
	Vehicle Fees		# of Vehicles		Total
Business License	\$150.00	X	1	=	\$ 150.00
Vehicle License	\$70.00	X		=	\$
<b>Total Amount Due</b>					<b>\$</b>

SECTION B - APPLICANT INFORMATION			
Name:	Title:		
Address (Residential):			
City:	State:	Zip:	
Telephone #:	Email:		
Provide a 24 Hour Emergency Contact Name:			
Provide a 24 Hour Emergency Contact Telephone Number:			

SECTION C - 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:	
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 D - OWNERSHIP INFORMATION (COMPLETE IF A CORPORATION OR PARTNERSHIP) List the name and address of any person owning directly or indirectly five percent (5%) or more of the ownership interest in said business.		
NAME/TITLE	SSN/FEIN	RESIDENCE ADDRESS / TELEPHONE

SECTION E - QUESTIONNAIRE
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List below the number of times you have ever been cited, charged, arrested, convicted or had forfeiture of bond. Include traffic violations, felony, and misdemeanor charges and/or convictions. Give details of each charge. Attach a separate sheet if necessary. (This question must be answered completely for a license to be issued)

DATE OF CHARGE(S)	TYPE OF OFFENSE(S)	CITY/STATE OF CHARGES/CONVICTIONS	FINE/SENTENCE

### SECTION F - VEHICLE INFORMATION

Please provide the following information for each vehicle.

Make/Model	Year	Capacity	Vehicle ID #	License Plate #

### SECTION G – HORSE INFORMATION (IF APPLICABLE)

Name of Horse	Age	Color	Sex

Stable Address:

Veterinarian's Name:

Veterinarian's Address:

Veterinarian's Telephone # (including area code):

### SECTION H - ACKNOWLEDGEMENT

Applicant hereby acknowledges that he/she has read and understands Codified Ordinances §447.02 (Licenses Required), §447.03 (Rate Cards), §447.05 (Insurance), §447.06 (Route Map and Operations Schedule), §447.08



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(Regulations Governing Carriages and Carriage Businesses), §447.10 (Suspension and Revocation of License; Appeal), §447.99 (Penalties) and understands the obligations of a Carriage Business contained therein.

State of \_\_\_\_\_

County of, \_\_\_\_\_ ss:

\_\_\_\_\_, being first duly sworn, deposes and states that he/she is the individual making the foregoing application for License(s); that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

Sworn to before me, and subscribed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Seal

\_\_\_\_\_  
Notary Public

FOR OFFICE USE ONLY				
	SIGNATURE	APPROVED	DENIED	DATE
DAL				
MOUNTED UNIT				
Comments				