



Instruction Sheet for Sight-Seeing Driver's 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 Sight-Seeing Driver's License is required when operating a Sight-Seeing Car that secures or accepts passengers for hire on the public streets, or in public or quasi-public places within the City of Cleveland.

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 §445, Sight-Seeing Cars.

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, 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 \$10.00. 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 *Online Application Instructions* included in this packet.
3. Be prepared to submit the license fee of \$10.00. Acceptable forms of payment are electronic check and debit/credit cards.

By Mail: (Only if licensed within the past twelve (12) months)

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 \$10.00 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).

PLEASE NOTE: LICENSES WILL ONLY BE RELEASED TO AN AUTHORIZED BUSINESS REPRESENTATIVE

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

New Applicants

- 1) Completed and signed application.
- 2) A **copy** of a current and valid state-issued driver's license.
- 3) A **copy** of a State of Ohio BCI Background Check where the BCI completion date is within three (3) years of application submission. If the Ohio BCI check is pending, submit the receipt evidencing that a check has been requested and a Cleveland Police Record Check performed **within thirty (30) days of application submission**.
- 4) A medical certification **and** drug test performed within thirty (30) days of application submission. (If the medical certification was performed by the State of Ohio, the completion date can be within one year).
- 5) **Fee of \$10.00.** Fees are payable by cash, check or credit card. This fee is non-refundable. Make checks payable to the City of Cleveland.

Renewal Applicants

- 1) Completed and signed application.
- 2) A **copy** of a current and valid state-issued driver's license.
- 3) A **copy** of a State of Ohio BCI Background Check where the BCI completion date is within three (3) years of application submission.
- 4) A medical certification **and** drug test performed within thirty (30) days of application submission. (If the medical certification was performed by the State of Ohio, the completion date can be within one year).
- 5) **Fee of \$10.00.** Fees are payable by cash, check or credit card. This fee is non-refundable. Make checks payable to the City of Cleveland.



CITY OF CLEVELAND
Mayor Justin M. Bibb

Sight-Seeing Driver's 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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DALLicenses@clevelandohio.gov

Date:	Fee: \$10.00 – (Non-Refundable)
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<input type="checkbox"/> New	<input type="checkbox"/> Renewal: Previous License #:	Company Name:
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SECTION A - APPLICANT INFORMATION

Legal Name:			
Maiden Name (females):			
Gender (Male/Female):		Race/Ethnicity:	
Home Address:			
City:		State:	Zip:
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 SIGHT-SEEING OPERATORS 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 - QUESTIONNAIRE

List and provide details of the following:

- Each time you have ever been summoned to court (No time frame);
- Each time you have ever been arrested or convicted of a felony or misdemeanor (No time frame); and.
- All traffic violations (Last twelve months only).

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

Date of Charge	Type of Offense	City/State of Charge	Fine/Sentence

If necessary, attach additional sheets

Did you have a Sight-Seeing 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 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:		
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 E - 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 §445, Sight-Seeing Cars and understands the obligations of operating a Sight Seeing car within the City of Cleveland.

SIGNATURE OF APPLICANT