



## Instruction Sheet for Sight-Seeing Vehicle License

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Phone: (216) 664-2264

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

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

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### When do you need a Sight-Seeing Vehicle License?

A license is required for all motor vehicles to engage in the business of carrying passengers for hire or used in the conveyance for hire, of tourists and sight-seers, over the public streets, exclusively for the purpose of a sight-seeing trip in the visiting and viewing of places of interest.

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

As the licensee, you are expected to be completely familiar with the requirements of City of Cleveland Codified Ordinance §Chapter 445, Sight-Seeing Vehicle License.

**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 Sight-Seeing Car License application

In Person/By Mail: Cleveland City Hall, Division of Assessments and Licenses, 601 Lakeside Avenue, Room 122, Cleveland, OH 44114. Applications are accepted Monday-Friday, 8:00 a.m. – 4:30 p.m.

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 and signed application.
- 2) A policy or certificate of liability insurance for each sight-seeing vehicle for which a license is sought, accepted and approved by the Director of Law, indemnifying the applicant in the sum of at least ten thousand dollars (\$10,000.00) for injury to one (1) person and twenty thousand dollars (\$20,000.00) for more than one (1) person, and five thousand dollars (\$5,000) property damage in any one (1) accident, through the operation of the sight-seeing car of the applicant.
  - a) The policy shall further contain a clause obligating the surety company to give ten (10) days written notice before cancellation of the policy to the Commissioner, the license to expire upon the lapse or termination of the policy of insurance.
  - b) The City of Cleveland must be listed as the Certificate Holder.
- 3) A current schedule of the sight-seeing vehicles that clearly list the vehicle identification number (VIN) for each insured vehicle on the **Insurance Company's letterhead**.
- 4) One (1) Color photograph of each vehicle displaying the vehicle number. Size: 3x4 – 300 dpi resolution.
- 5) A copy of the valid vehicle registration for each vehicle with the sight-seeing vehicle number notated in the upper right-hand corner. **Please note copy of the vehicle title will not be accepted.**
- 6) Appropriate fee. Fees are payable by cash, check or credit card and are non-refundable. Make checks payable to the City of Cleveland. For online submissions, an Automatic Payment Authorization form must be completed and submitted **via secured fax** to (216) 420-7804 **prior** to the application being processed.



## Sight-Seeing Vehicle License Application

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<b>Date:</b>	<b>License Number:</b> (internally assigned)
<b>**All Fees are Non-Refundable**</b>	
I hereby make application for the following license(s) for the 202__ licensing year:	

Fee Per Vehicle	Quantity	Total
12 or less passengers	\$ 100.00 each	\$
13 - 20 passengers	\$ 150.00 each	\$
Over 20 passengers	\$ 200.00 each	\$
		Total # of Vehicles
		Amount Due
		\$

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: (Cleveland Businesses Only) :		Ward #: (Cleveland Businesses Only)	

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:

SECTION C - INSURANCE INFORMATION		
Name:		
Address:		
City:		State:
Telephone # (including area code):		Email:
Policy Number:		Policy Expiration Date:



CITY OF CLEVELAND  
Mayor Justin M. Bibb

### Sight-Seeing Vehicle 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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#### SECTION D - 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 E - DECLARATION

Applicant hereby acknowledges that he/she has read and understands Codified Ordinance Chapter 445 including, but not limited to §445.01 (License Required), §445.02 (Inspection), §445.03 (Liability Insurance), §445.06 (Driver's License), §445.08 (Regulations) and §445.10 (License Suspension or Revocations; Appeal), and understands the obligations contained therein.

#### SIGNATURE OF APPLICANT

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Print Name

Today's Date

