

**TMC 705
Code 6609**

**City of Toledo – License Bureau
One Government Center, Suite 2000
Toledo, Ohio 43604
(419) 245-1651**

**Lic. No. _____
Date Iss. _____
For Year _____**

FEE: \$120.00

**Application
Car-Trailer Rental Agency**

Name of Applicant _____ Home Phone _____

Home Address _____

Name of Business _____ Business Phone _____

Business Address _____

How is business location zoned? _____

State whether Individual, Partnership or Corporation _____

List Names and Addresses of all partners and/or officers:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Insurance:

Attach proof of insurance on each trailer to the extent of: \$50,000 – Property Damage; \$25,000 – injury, 1 person in 1 accident; \$50,000 – Injury, 2 or more persons in one accident and provide that insurance carrier shall pay, no later than 30 days after any judgment is recovered against the owner or lessor of such trailer.

I hereby certify that all equipment is of good quality and in a safe and operational condition and complies with any and all safety requirements of the Sate of Ohio and/or the City of Toledo.

Date _____

Signature of Applicant