

Department of Taxation

ST 1 Rev. 12/10

P.O. Box 182215 Columbus, OH 43218-2215 (888) 405-4089

Application for Vendor's License to Make Taxable Sales

To the County Auditor of	County		r department use o	
Federal employer identification n	o. Social S	ecurity no. / ITIN	Ohio c	orporate charter no. / certificate no.
If you file under cumulative return	authority, what is your r	master number?	$\sqcup \sqcup \sqcup$	
1. Check type of ownership: (1 (50) LLC (70) LLP (8				
2. When did you or will you start making taxable sales at this location? (MM/DD/YY)				
3. Provide NAICS code and sta	te nature of business a	ctivity		(For the most current listings, search NAICS on our Web site at tax.ohio.gov.)
4. Legal name (Corporation, sole own 5. Trade name or DBA (Corporation)	ner, partnership, etc.)			
6. Primary address	oration, sole owner, partnershi	o oto	ity	State ZIP code
Address of corp		p, etc.		State ZIP code
Business phone no. 7. Mailing address		Fax no.		Secondary phone no.
(If different from 8. Business location	above)	C	ity	State ZIP code
Address 9. How much sales tax do you e	expect to collect each n		ity 200 🔲 \$200	State ZIP code
10. Have you applied for a liquor	_		200 🔲 \$200	of greater
Vendor's license number	permit transfer: res L	Liquor permit no		
11a. Have you applied for a new liquor permit? Yes D No Date applied for				
11b. Do you intend to make nonlic Date business will or did beg			/ liquor permi	t? Yes 🗌 No 🗌
12. If you operate as a corporation	on or partnership, list ap	opropriate names, a	ddresses and	didentification numbers below.
Title Name	Street	City St	ate ZIP code	SSN / ITIN / FEIN
Title Name	Street	City St	ate ZIP code	SSN / ITIN / FEIN
- Title Name	Street	City St	ate ZIP code	SSN / ITIN / FEIN
13. Name, phone number, fax num	ber and e-mail address	of individual the dep	eartment shou	
Name	Phone no.	Fax	no.	E-mail address
Note: The county auditor shall no and payment of the \$25 fee must		•	on this applic	ation are answered. Application
Date Signature of applicant		County auditor		By deputy

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.