



Ohio Department of TAXATION

tax.ohio.gov

To the County Auditor of _____ County

License No. Issued by County Auditor

ST 1 Rev. 02/06

Application for Vendor's License To Make Taxable Sales

Federal employer identification no.

Social security no.

Ohio corporate charter no.

Please print.

Grid for Federal employer identification no.

Grid for Social security no.

Grid for Ohio corporate charter no.

If you are a foreign corporation, give Ohio certificate number.

Grid for Ohio certificate number.

If you file under cumulative return authority, what is your master number?

Grid for master number.

1. Check type of ownership: (10) Sole owner (20) Partnership (30) Corporation (40) Association (50) LLC (60) Fiduciary (70) LLP (80) LTD (100) Business trust

2. When did you or will you start making taxable sales at this location? (mm/dd/yy)

Grid for start date.

3. Provide NAICS code and state nature of business activity.

Grid for NAICS code.

(For the most current NAICS listings, visit us at tax.ohio.gov.)

4. Legal name (Corporation, sole owner, partnership)

5. Trade name or DBA

6. Primary address

Home/office address of corporation, sole owner or partnership City State ZIP code

(Home/office phone no.)

(Home/office fax no.)

(Business phone no.)

7. Business location

Address City State ZIP code

8. Mailing address

(If different from above) City State ZIP code

9. How much sales tax do you expect to collect each month? (06) Less than \$200 (01) \$200 or greater

10. List previous owner(s) name, address and vendor's license number(s).

Vendor's license no.

Grid for vendor's license no.

Name Street City State ZIP code

11. Will you be selling beer, wine or liquor at this location? Yes No If yes, list your Department of Liquor Control permit class, number and employer withholding account number.

Employer withholding account no.

Grid for employer withholding account no.

Liquor control permit class Liquor control permit no.

12. Do you intend to make non-liquor sales prior to the issuance of your permit? Yes No

13. If you operate as a corporation or partnership, list appropriate names, addresses and social security numbers below.

Social security no.

Grid for social security no.

President/Partner Name Street City State ZIP

Social security no.

Grid for social security no.

Vice-Pres/Partner Name Street City State ZIP

Social security no.

Grid for social security no.

Secy/Treas/Partner Name Street City State ZIP

Note: The county auditor shall not issue a vendor's license until all questions on this application are answered. Application and payment of the \$25 fee should be forwarded to the auditor of the county in which the sales are to be made.

I hereby declare the above to be true and correct to the best of my knowledge and belief.

Date Signature of applicant or agent County auditor By deputy