Ohio | Department of Taxation

P.O. Box 182215
Columbus, OH 43218-2215
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ST 1 Rev. 12/10

Application for Vendor's License to Make Taxable Sales

To the County Auditor of _____ County

Vendor's license no. (For department use only) ☐☐ ☐☐☐☐☐☐

Federal employer identification no. ☐☐☐☐☐☐☐☐☐

Social Security no. / ITIN ☐☐☐☐☐☐☐☐☐

Ohio corporate charter no. / certificate no. ☐☐☐☐☐☐☐

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

1. Check type of ownership: (10) Sole owner ☐ (20) Partnership ☐ (30) Corporation ☐ (150) Nonprofit ☐ (50) LLC ☐ (70) LLP ☐ (80) LTD ☐ Other (please specify) _____
2. When did you or will you start making taxable sales at this location? (MM/DD/YY) _____
3. Provide NAICS code and state nature of business activity _____ (For the most current listings, search NAICS on our Web site at **tax.ohio.gov.**)
4. Legal name _____ (Corporation, sole owner, partnership, etc.)
5. Trade name or DBA _____
6. Primary address _____ Address of corporation, sole owner, partnership, etc. City State ZIP code

   Business phone no. _____ Fax no. _____ Secondary phone no. _____
7. Mailing address _____ (If different from above) City State ZIP code
8. Business location _____ Address City State ZIP code
9. How much sales tax do you expect to collect each month? Less than $200 ☐ $200 or greater ☐
10. Have you applied for a liquor permit transfer? Yes ☐ No ☐

    Vendor's license number ☐☐ ☐☐☐☐☐☐ Liquor permit no. ☐☐☐☐☐☐☐ ☐☐☐☐☐
11a. Have you applied for a new liquor permit? Yes ☐ No ☐ Date applied for _____
11b. Do you intend to make nonliquor sales prior to the issuance of your new liquor permit? Yes ☐ No ☐
    Date business will or did begin _____
12. If you operate as a corporation or partnership, list appropriate names, addresses and identification numbers below.

Title	Name	Street	City	State	ZIP code	SSN / ITIN / FEIN

13. Name, phone number, fax number and e-mail address of individual the department should contact regarding this account

Name _____ Phone no. _____ Fax no. _____ E-mail address _____

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 must accompany this application.

Date _____ Signature of applicant _____ County auditor _____ By deputy _____