



Ohio Department of TAXATION tax.ohio.gov

To the County Auditor of _____ County

License No. Issued by County Auditor []-[]-[]-[]-[]-[]-[]-[]

ST 1 Rev. 11/04

Application for Vendor's License To Make Taxable Sales

Please print. Federal employer identification no. []-[]-[]-[]-[]-[]-[]-[] Social security no. []-[]-[]-[]-[]-[]-[]-[] Ohio corporate charter no. []-[]-[]-[]-[]-[]-[]-[]

If you are a foreign corporation, give Ohio certificate number. []-[]-[]-[]-[]-[]-[]-[] If you file under cumulative return authority, what is your 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) []-[]-[]-[]-[]-[]
3. Provide NAICS code and state nature of business activity. []-[]-[]-[]-[]-[] (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. []-[]-[]-[]-[]-[]-[]-[]
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. Liquor control permit class Liquor control permit no. Employer withholding account 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. []-[]-[]-[]-[]-[]-[]-[]
President/Partner Name Street City State ZIP Social security no. []-[]-[]-[]-[]-[]-[]-[]
Vice-Pres/Partner Name Street City State ZIP Social security no. []-[]-[]-[]-[]-[]-[]-[]
Secy/Treas/Partner Name Street City State ZIP Social security no. []-[]-[]-[]-[]-[]-[]-[]

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