



Account number

Please print.

_____ Federal employer identification no. _____ Social Security no. _____ Ohio corporate charter no.

If you are a foreign corporation, give Ohio certificate 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 begin or will you begin to accrue use tax? (mm/dd/yy) _____

3. Provide NAICS code and state nature of business activity _____ (For the most current NAICS listings, visit our Web site at tax.ohio.gov)

Description of business activity _____

4. Legal name _____

5. Trade name or DBA _____
 (If partnership, list names)

6. Primary address _____
 (Home/office address of corporation, sole owner or partnership) City State ZIP

 (Home/office phone no.) (Home/office fax no.) (Business phone no.)

7. Mailing address _____
 (If different from above) City State ZIP

8. List location of all permanent places of business in Ohio, if applicable, and provide vendor's license numbers.

_____ Name	_____ Street	_____ City	_____ State	_____ ZIP	Vendor's license no. _____
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_____ Name	_____ Street	_____ City	_____ State	_____ ZIP	Vendor's license no. _____
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9. How much use tax do you anticipate accruing each month? (03) Less than \$5,000 (01) \$5,000 or greater

10. If this application is for a new registration due to change in ownership, please list the old account number.

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

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. _____

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

_____ Date _____ Signature of owner or officer of company