



**Department of Taxation**

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



07100100

**ST 1S** Rev. 12/09

**Application for Service Vendor's License**

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

Federal employer identification no.

Social Security no. / ITIN

Ohio corporate charter no. / certificate no.

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 begin providing the taxable service in the state of Ohio? (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](http://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. How much sales tax do you expect to collect each month Less than \$200  \$200 or greater

9. If you operate as a corporation or partnership, list appropriate names, addresses and identification numbers below.

Title	Name	Street	City	State	ZIP code	<input type="text"/>
						SSN / ITIN / FEIN
Title	Name	Street	City	State	ZIP code	<input type="text"/>
						SSN / ITIN / FEIN
Title	Name	Street	City	State	ZIP code	<input type="text"/>
						SSN / ITIN / FEIN

10. 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

Date Signature of applicant

**Fee for this license – \$25 (made payable to Ohio Treasurer of State).** Send the original application and \$25 fee to the address above.