



Department of Taxation

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



07100100

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

Title Name Street City State ZIP code

SSN / ITIN / FEIN

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