



# KRISTEN M. SCALISE CPA, CFE

## Fiscal Officer County of Summit

Dear Vendor:

Enclosed please find an application for a Vendor License to make retail taxable sales at one fixed business location in Summit County. If you transport your goods to different, temporary locations to make sales (flea markets, craft show, fairs, etc) this is not the correct license. Transient vendor licenses are issued by the State.

Be sure to fill in all required information. Incomplete or incorrect applications or checks made out incorrectly will cause your application to be returned. Please pay special attention to:

**FEDERAL EMPLOYER IDENTIFICATION NUMBER:** This number, issued by the IRS, must be filled in unless you are filing as a sole proprietor, although some sole proprietors may also have an FEIN number.

**SOCIAL SECURITY NUMBER:** Sole owners must list their social security number (as well as the FEIN# if any).

**OHIO CORPORATE CHARTER NUMBER:** All corporations, LLC's, LLP's, and LTD's are required to list the Corporate Charter number or Articles of Organization number issued by Ohio's Secretary of the State that permits you to conduct business in Ohio. You cannot put "applied for". If you are a foreign corporation, you will have an Ohio Foreign License Number or Ohio Certificate Number.

- Choose one code number from the NAICS code list provided that best describes the kind of business and also write the nature of the business activity on the line provided.
- Business location: this is the full street address, including the city and zip code, where the business will be located. You cannot use a PO Box for the business location.
- If you are a partnership, corporation, LLC, LTD, LLP or association, you must list the names, home addresses, and social security numbers of all partners or officers.

The fee for a vendor license is \$25.00. Checks or money orders are to be payable to Kristen M. Scalise, Fiscal Officer. Applications may be mailed or delivered to the Service Division located at 1030 East Tallmadge Avenue, Akron, Ohio, 44310.

If you have any questions please feel free to contact us.

Sincerely,

Kristen M. Scalise CPA, CFE  
Fiscal Officer, County of Summit

**FISCAL OFFICE  
SERVICE DIVISION  
330-630-7226**

encs.

**AUDITOR DIVISION**  
175 S. Main Street  
Akron, Ohio 44308  
Phone: 330.643.2710  
Fax: 330.643.7765

**RECORDING DIVISION**  
175 S. Main Street  
Akron, Ohio 44308  
Phone: 330.643.2720

**SERVICES DIVISION**  
1030 E. Tallmadge Ave.  
Akron, Ohio 44310  
Phone: 330.630.7226  
Fax: 330.630.7240

**TREASURER DIVISION**  
175 S. Main Street  
Akron, Ohio 44308  
Phone: 330.643.2588  
Fax: 330.643.7760





**Department of Taxation**

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



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**ST 1** Rev. 9/19

**Application for Vendor's License to Make Taxable Sales**

Vendor license no.            
(For department use only)

To the County Auditor of \_\_\_\_\_ County

Federal Employer Identification Number \_\_\_\_\_ Social Security Number / ITIN \_\_\_\_\_ Secretary of State Entity Number \_\_\_\_\_  
If you file under a cumulative return authority, what is your master number? \_\_\_\_\_

1. Check type of ownership: Sole owner Partnership Corporation Nonprofit LLC LLP LTD  
Single member LLC Other (please specify) \_\_\_\_\_

2. When did you or will you begin providing taxable sales 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 number Fax number Secondary phone number

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, LLC, 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 number Fax number 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

**Federal Privacy Act Notice**

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.