

Department of Taxation

ST 1 Rev. 12/10

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

Application for Vendor's License to Make Taxable Sales

To the County Auditor of	Coun	ty		tment use only)			
Federal employer identification	n no. Socia	al Security no. / IT	TIN TIN	Ohio corpor	rate charter no. /	certificate no.	
If you file under cumulative retu	rn authority, what is yo	ur master numb	er?				
1. Check type of ownership: (50) LLC (70) LLP						ît 🗌	
2. When did you or will you s	tart making taxable sal	es at this locati	on? (MM/DD	/YY)			
3. Provide NAICS code and	state nature of busines	s activity		(F) NAIC	or the most current li CS on our Web site a	stings, search at tax.ohio.gov.)	
4. Legal name (Corporation, sole 5. Trade name or DBA	owner, partnership, etc.)						
6. Primary address Address of	corporation, sole owner, partne	ership, etc.	City		State	ZIP code	
Business phone no. 7. Mailing address		Fax no.		See	condary phone no.		
(If different fr 8. Business location	om above)		City		State	ZIP code	
Address 9. How much sales tax do yo	ou expect to collect eac	h month? Less	City than \$200	\$200 or o	State preater	ZIP code	
10. Have you applied for a liquid Vendor's license number	uor permit transfer? Ye	s	ermit no.				
11a. Have you applied for a ne	w liquor permit? Yes	☐ No ☐ Dat	e applied for				
11b. Do you intend to make no Date business will or did b			our new liquo	or permit? Ye	es 🗌 No 🗌		
12. If you operate as a corpor	ation or partnership, lis	t appropriate na	ames, addres	sses and ider	ntification numb	ers 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 no	umber and e-mail addre	ess of individual	the departme	ent should co	ntact regarding	this account	
Name Phone no.).	Fax no.		E-mail address		
Note: The county auditor shall and payment of the \$25 fee m		•	estions on th	is application	are answered.	Application	
Date Signature of applicant		County a	auditor	Ву	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.