



Department of Taxation

P.O. Box 182215
Columbus, OH 43218-2215
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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