Ohio | Department of Taxation

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

07100100

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.**)

   _____
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

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.