



Department of Taxation

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



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.

Table with 7 columns: Title, Name, Street, City, State, ZIP code, SSN / ITIN / FEIN. Three rows for listing entities.

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

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.