



Application for Vendor's License to Make Taxable Sales

To the County Auditor of _____ County Vendor's license number _____

Please print.

_____ Federal employer identification no. _____ Social Security no. _____ Ohio corporate charter no.

If you are a foreign corporation, give Ohio certificate number _____

If you file under cumulative return authority, what is your master number? _____

1. Check type of ownership: (10) Sole owner (20) Partnership (30) Corporation (40) Association
 (50) LLC (60) Fiduciary (70) LLP (80) LTD (100) Business trust

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 NAICS listings, visit our Web site at tax.ohio.gov.)

4. Legal name _____
 (Corporation, sole owner, partnership)

5. Trade name or DBA _____

6. Primary address _____
 Home/office address of corporation, sole owner or partnership City State ZIP code

_____ Home/office phone no. _____ Home/office fax no. _____ Business phone no.

7. Business location _____
 Address City State ZIP code

8. Mailing address _____
 (If different from above) City State ZIP code

9. How much sales tax do you expect to collect each month? (06) Less than \$200 (01) \$200 or greater

10. List previous owner(s)' name, address and vendor's license number(s).

Name	Street	City	State	ZIP code	Vendor's license no.

11. Will you be selling beer, wine or liquor at this location? Yes No If yes, list your Department of Liquor Control permit class, number and employer withholding account number.

_____ Liquor control permit class _____ Liquor control permit no. _____ Employer withholding account no.

12. Do you intend to make non-liquor sales prior to the issuance of your permit? Yes No

13. If you operate as a corporation or partnership, list appropriate names, addresses and Social Security numbers below.

President/Partner _____
 Name Street City State ZIP Social Security no.

Vice-Pres/Partner _____
 Name Street City State ZIP Social Security no.

Secy/Treas/Partner _____
 Name Street City State ZIP Social Security no.

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 should be forwarded to the auditor of the county in which the sales are to be made.

I hereby declare the above to be true and correct to the best of my knowledge and belief.

 Date Signature of applicant or agent County auditor By deputy