



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.

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

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 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.