



**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](http://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.