



Department of Taxation

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



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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

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. Contains three rows of information.

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