



**Department of  
Taxation**

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



07100100

**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](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 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.

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 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