Reset Form

Ohio | 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.**)
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 $50 fee must accompany this application.

Date / Signature of applicant / County auditor / By deputy