



To the County Auditor of

License No. Issued by County Auditor

ST 1 Rev. 11/04

County

Application for Vendor's License to Make Taxable Sales

Federal employer identification number

Social security number

Ohio corporate charter number

If you are a foreign corporation, give Ohio certificate number.

If you file under cumulative return authority, what is your master number?

1. Select type of ownership: Select one:

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 most current NAICS listing, visit us at www.tax.ohio.gov)

Description of business activity:

4. Legal name:

Corporation, sole owner, partnership

5. Trade name or DBA:

6. Primary address:

Home/office address of corporation, sole owner or partnership City State Zip

Home/office phone number Home/office fax number Business phone number

7. Business location:

Street address City State Zip

8. Mailing address:

If different than above City State Zip

9. How much sales tax do you expect to collect each month? Select one:

10. List previous owner(s) name, address and vendor's license number(s):

Vendor's license number

Name Street address City State Zip

11. Will you be selling beer, wine or liquor at this location? Select one:

If yes, list your Department of Liquor Control permit class, number and employer withholding account number.

Liquor control permit class Liquor control permit number Employer withholding account number

12. Do you intend to make non-liquor sales prior to the issuance of your permit? Select one:

13. If you operate as a corporation or partnership, list appropriate names, addresses & social security numbers below.

Table with 7 columns: Title, Name, Street, City, State, Zip, SSN. Rows include Pres/Partner, VPres/Partner, Scy/Trs/Prtner.

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 should be forwarded to the auditor of the county in which the sales are to be made.

I hereby declare the above to be true and correct to the best of my knowledge and belief.

Date Signature of applicant or agent County Auditor By Deputy