



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

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 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

Mail Application and Payment To:
Michael Stinziano, Franklin County Auditor, Vendor's License Section, 373 S High St Fl 21, Columbus OH 43215-6317