



07100100

Application for Vendor's License to Make Taxable Sales

To the County Auditor of _____ County

Vendor's license number [] [] [] [] [] [] [] [] [] []

Please print.

_____ Federal employer identification no.

_____ Social Security no.

_____ Ohio corporate charter no.

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

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

- 1. Check type of ownership: (10) Sole owner [] (20) Partnership [] (30) Corporation [] (40) Association [] (50) LLC [] (60) Fiduciary [] (70) LLP [] (80) LTD [] (100) Business trust []

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 NAICS listings, visit our Web site at tax.ohio.gov.)

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 code

Home/office phone no. _____

Home/office fax no. _____

Business phone no. _____

7. Business location _____ Address City State ZIP code

8. Mailing address _____ (If different from above) City State ZIP code

9. How much sales tax do you expect to collect each month? (06) Less than \$200 [] (01) \$200 or greater []

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

Name Street City State ZIP code Vendor's license no.

11. Will you be selling beer, wine or liquor at this location? Yes [] No [] If yes, list your Department of Liquor Control permit class, number and employer withholding account number.

Liquor control permit class _____

Liquor control permit no. _____

Employer withholding account no. _____

12. Do you intend to make non-liquor sales prior to the issuance of your permit? Yes [] No []

13. If you operate as a corporation or partnership, list appropriate names, addresses and Social Security numbers below.

President/Partner Name Street City State ZIP Social Security no.

Vice-Pres/Partner Name Street City State ZIP Social Security no.

Secy/Treas/Partner Name Street City State ZIP Social Security no.

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