



**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](http://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