

Department of Taxation

P.O. Box 182215 Columbus, OH 43218-2215 (888) 405-4089

ST 1 Rev. 9/19

Application for Vendor's

License to Make Taxable Sales									
Vendor license no. (For department use only)									
(For department use only)	Ш	Ш							Ш

To the County Auditor ofCounty			(For depa	rtment use only)		$\perp \perp$	
							$\overline{\ \ }$
Federal Employer Identif	cation Number Social	Security Numb	er / ITIN	Secret	ary of State	Entity N	 Number
If you file under a cumula	tive return authority, what is	your master n	umber?				
 Check type of owner Single member ! 	ship: Sole owner Par LLC Other (please spec	•	•	Nonprofit		LLP	LTD
2. When did you or will	you begin providing taxable	sales in the s	tate of Ohio? (I	MM/DD/YY)			
3. Provide NAICS code	e and state nature of busines	s activity		(F NAI	For the most o	current list eb site at	ings, search tax.ohio.gov.
4. Legal name(Corporation	on, sole owner, partnership, etc.)						
5. Trade name or DBA							
6. Primary address	ress of corporation, sole owner, partne		011				
Add	ress of corporation, sole owner, partne	ership, etc.	City		State		ZIP code
Business phon	e number	Fax number		Se	condary phon	e number	
7. Mailing address	erent from above)		City		State		ZIP code
,	ordin main above)						
Ad	dress do you expect to collect eac		City Less than \$200	n ¢200 /	State or greater		ZIP code
			Less than \$200	υ φ200 (or greater		
• • • •	r a liquor permit transfer? nber	Yes No	mit no				
	r a new liquor permit? Ye						
-	ke nonliquor sales prior to th r did begin		your new liquo	r permit?	Yes	No	
	prporation, LLC, or partnership		te names, addr	esses and id	entification	numbe	rs below.
Title Name	Street	City	State	ZIP code	SSN / ITIN / FE		IIN
Title Name	Street	City	State	ZIP code	SSN / ITIN / FEIN		EIN
Title Name 13. Name, phone number account.	Street er, fax number and e-mail ad	City dress of indivi	State dual the depart	ZIP code tment should		ı / ITIN / F egardin	
Name	Phone r	number	Fax numbe	r	E-mail add	Iress	
1 -	or shall not issue a vendor's l it of the \$25 fee must accom		•	this applicati	on are ans	swered	
Date	Signature of applicant	County	/ auditor	В	y deputy		