Reset Form Print

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

07100100

ST 1 Rev. 1/26
Application for Vendor's License to Make Taxable Sales

Vendor license no. (For department use only)

To the County Auditor of _____ County

Federal Employer Identification Number | Social Security Number / ITIN | Secretary of State Entity Number

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

1. Check type of ownership: ☐ Sole owner ☐ Partnership ☐ Corporation ☐ Nonprofit ☐ LLC ☐ LLP ☐ LTD ☐ Single member LLC ☐ Other (please specify) _____
2. When did you or will you begin providing taxable sales in the state of Ohio? (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 number | Fax number | Secondary phone number
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, LLC, or partnership, list appropriate names, addresses and identification numbers below.

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 number | Fax number | E-mail address

Note: Mail your completed and signed application to the address above along with the **$50 fee** made payable to ***Ohio Treasurer of State***. If mailing to your county auditor, check with your county for correct ***payee*** information. Please allow 4-6 weeks for processing or visit **tax.ohio.gov/OHTAX** to obtain your license immediately.

Date | Signature of applicant | County auditor | By deputy

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.