



STATE OF OHIO DEPARTMENT OF TAXATION APPLICATION FOR VENDOR'S LICENSE TO MAKE TAXABLE SALES

PRESCRIBED SALES TAX FORM NO. ST 1 (Rev 2-98)

LICENSE NUMBER ASSIGNED BY COUNTY AUDITOR

NON-TRANSFERABLE

TO THE AUDITOR OF _____ COUNTY DATE _____

Pursuant to Section 5739.17 Revised Code of Ohio, I/we herewith make application for a license to make taxable sales at the following location: For sole owner, print individual's name; for partnership, print full names of all partners; for corporation, print corporation's name and Ohio corporation charter number. If a foreign corporation, print certificate number issued by Secretary of State authorizing transaction of business in Ohio. Section 1703.01 O.R.C.

NAME _____ # _____ CORPORATION CHARTER

TRADE NAME OR DBA, IF OTHER THAN ABOVE _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NO. _____

KIND OF BUSINESS _____ # _____ CODE NUMBER (OBTAIN FROM AUDITOR'S OFFICE)

_____ County Auditor By _____ Deputy

NOTE: SEE REVERSE SIDE OF THIS FORM FOR FURTHER INSTRUCTIONS. APPLICATION AND PAYMENT OF THE \$25.00 APPLICATION FEE IS TO BE FORWARDED TO THE AUDITOR OF THE COUNTY IN WHICH THE SALES ARE TO BE MADE.

1. MAILING ADDRESS (IF OTHER THAN ABOVE)

STREET ADDRESS _____ CITY, TOWN, VILLAGE _____ STATE _____ ZIP CODE _____

2. RESIDENCE ADDRESS OF VENDOR OR HOME OFFICE OF CORPORATION

STREET ADDRESS _____ CITY, TOWN, VILLAGE _____ STATE _____ ZIP CODE _____

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OR IF NONE ASSIGNED FOR REPORTING FEDERAL TAXES PLEASE ENTER YOUR SOCIAL SECURITY NUMBER.

1. - FEDERAL IDENTIFICATION NO. []

0. - SOCIAL SECURITY NO. []

4. CHECK TYPE OF OWNERSHIP

- 2. [] PARTNERSHIP 3. [] FIDUCIARY 4. [] ASSOCIATION 5. [] OR BUSINESS TRUST 0. [] CORPORATION 1. [] SOLE OWNER

5. If vendor is a corporation, show officers names and addresses below.

President _____ NAME _____ STREET _____ CITY AND STATE _____

Vice-Pres. _____ NAME _____ STREET _____ CITY AND STATE _____

Secy/Treas. _____ NAME _____ STREET _____ CITY AND STATE _____

6. When did or will you start making taxable sales at this location? _____

7. _____ # _____ PREVIOUS OWNER'S NAME AND ADDRESS VENDOR'S LICENSE NUMBER OF PREVIOUS OWNER

8. Will you be selling beer, wine or liquor at this location? YES ___ NO ___. If a holder of permit(s) issued by the Department of Liquor Control, state permit class _____ and number _____ (see "F" on reverse side)

9. Approximately how much sales tax do you expect to collect each month? _____

10. If two or more stores are operated and you file returns under cumulative return authority, what is your Master Number? _____

I HEREBY DECLARE THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF VENDOR OR AGENT