



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



ST 1 Rev. 4/25

**Application for Vendor's
License to Make Taxable Sales**

To the County Auditor of _____ County

Vendor license no. _____
(For department use only) _____

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
-------	------	--------	------	-------	----------	-------------------

Title	Name	Street	City	State	ZIP code	SSN / ITIN / FEIN
-------	------	--------	------	-------	----------	-------------------

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 gateway.ohio.gov 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.