



License No. Issued by County Auditor

**Application For Vendor's License To Make Taxable Sales**

*Please print.*

Federal Employer Identification Number

Social Security Number

Ohio Corporate Charter Number

If you are a foreign Corporation, give Ohio Certificate Number. Ohio Certificate Number

If you file under cumulative return authority, what is your Master Number? 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? Date \_\_\_\_\_

3. Provide NAICS Code and state nature of business activity. NAICS Code \_\_\_\_\_ See page 2.

4. Legal Name \_\_\_\_\_  
 (Corporation, Sole Owner, Partnership)

5. Trade name or DBA \_\_\_\_\_

6. Primary address \_\_\_\_\_  
 (Residence or Home/Office Address of Corporation) city state zip  
 (home/office phone no.) (home/office fax no.)

7. Business location \_\_\_\_\_  
 (business phone no.)

8. Mailing address \_\_\_\_\_  
 (if different than above) city state zip

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? \_\_\_\_\_ Vendor's License No.   
 name street city state zip

11. Will you be selling beer, wine or liquor at this location? Yes  No  If yes, list your Dept. of Liquor Control permit class, number and Employer Withholding Account No. \_\_\_\_\_  
 Employer Withholding Account No.   
 Liquor Control Permit Class Liquor Control Permit 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 _____	Social Security Number <input type="text"/>
name street city state zip	
Vice-Pres/Partner _____	Social Security Number <input type="text"/>
name street city state zip	
Secy/Treas/Partner _____	Social Security Number <input type="text"/>
name street city state zip	

**PLEASE MAKE CHECK PAYABLE TO ROGER A. CORLETT, CPA, AUDITOR**

Note: The County Auditor shall not issue a vendor's license until all questions pertaining to the applicant on this application are answered.  
 Application and payment of the \$25.00 fee are to 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.

**ROGER A. CORLETT, CPA**