



# Ohio Department of TAXATION

P.O. Box 182215 • Columbus, OH 43218-2215  
tax.ohio.gov • Fax: (614) 387-1851

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|-------------------------|------------------|
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ST 1S  
Rev. 11/04

Check Digit

## Application for Service Vendor's License

**Please print.**

Federal employer identification no.

Social security no.

Ohio corporate charter no.

If you are a foreign corporation, give Ohio certificate 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 begin providing the taxable service in the state of Ohio? (mm/dd/yy)

3. Provide NAICS code and state nature of business activity.  (For the most current NAICS listings, visit us at [tax.ohio.gov](http://tax.ohio.gov).)

4. Legal name \_\_\_\_\_

5. Trade name or DBA \_\_\_\_\_  
(If partnership, list names)

6. Primary address \_\_\_\_\_  
(Home/office address of corporation, sole owner or partnership) City State ZIP

(Home/office phone no.) \_\_\_\_\_ (Home/office fax no.) \_\_\_\_\_

7. Mailing address \_\_\_\_\_  
(If different from above) City State ZIP

8. List location of all permanent places of business in Ohio, if applicable, and provide vendor's license numbers.

|      |        |      |       |     |                      |                      |
|------|--------|------|-------|-----|----------------------|----------------------|
| Name | Street | City | State | ZIP | Vendor's license no. | <input type="text"/> |
| Name | Street | City | State | ZIP | Vendor's license no. | <input type="text"/> |

9. How much sales tax do you expect to collect each month? (06) Less than \$200  (01) \$200 or greater

10. If this application is for a new registration due to change in ownership, please list the old account number.

11. If you operate as a corporation or partnership, list appropriate names, addresses and social security numbers below.

|                    |      |        |      |       |     |                        |                      |
|--------------------|------|--------|------|-------|-----|------------------------|----------------------|
| President/Partner  | Name | Street | City | State | ZIP | Social security number | <input type="text"/> |
| Vice-Pres/Partner  | Name | Street | City | State | ZIP | Social security number | <input type="text"/> |
| Secy/Treas/Partner | Name | Street | City | State | ZIP | Social security number | <input type="text"/> |

I hereby declare the above to be true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date Signature of owner or officer of company

**Fee for this license – \$25 (made payable to Ohio Treasurer of State).** Send the original application and \$25 fee to: Ohio Department of Taxation, Registration Unit, P.O. Box 182215, Columbus, OH 43218-2215. Retain a copy for your records.