



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



**ST 1** Rev. 12/10  
**Application for Vendor's License to Make Taxable Sales**

To the County Auditor of MIAMI County

Vendor's license no.   
 (For department use only)

Federal employer identification no.

Social Security no. / ITIN

Ohio corporate charter no. / certificate no.

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

1. Check type of ownership: (10) Sole owner  (20) Partnership  (30) Corporation  (150) Nonprofit   
 (50) LLC  (70) LLP  (80) LTD  Other (please specify) \_\_\_\_\_
2. When did you or will you start making taxable sales at this location? (MM/DD/YY) \_\_\_\_\_  
(For the most current listings, search NAICS on our Web site at tax.ohio.gov.)
3. Provide NAICS code and state nature of business activity \_\_\_\_\_

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 no. Fax no. Secondary phone no.

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 or partnership, list appropriate names, addresses and identification numbers below.

Title	Name	Street	City	State	ZIP code	SSN / ITIN / FEIN
						<input type="text"/>
						<input type="text"/>
						<input type="text"/>

13. Name, phone number, fax number and e-mail address of individual the department should contact regarding this account

Name Phone no. Fax no. E-mail address

**Note: The county auditor shall not issue a vendor's license until all questions on this application are answered. Application and payment of the \$25 fee must accompany this application.**

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_ County auditor \_\_\_\_\_ By deputy \_\_\_\_\_