


**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**

Vendor license no. 

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(For department use only)

To the County Auditor of \_\_\_\_\_ County


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](http://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
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Title	Name	Street	City	State	ZIP code	SSN / ITIN / FEIN
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Title	Name	Street	City	State	ZIP code	SSN / ITIN / FEIN
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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
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**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](http://gateway.ohio.gov) to obtain your license immediately.

Date	Signature of applicant	County auditor	By deputy
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**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.