Ohio Department of TAXATION
P.O. Box 182215 ● Columbus, OH 43218-2215
www.state.oh.us/tax/

To the County Auditor of
Ashtabula
county

License No. Issued by County Auditor

ST1
Rev. 7/01

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. _____ Liquor Control Permit Class _____ Liquor Control Permit No. Employer Withholding Account 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
name street city state zip

Vice-Pres/Partner _____ Social Security Number
name street city state zip

Secy/Treas/Partner _____ Social Security Number
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

date signature of applicant or agent county auditor by deputy