

OHIO DEPARTMENT OF TAXATION
P O Box 182215 Columbus OH 43218-2215
APPLICATION FOR VENDOR'S LICENSE TO MAKE TAXABLE SALES

Vendor's License # Issued
64 -

To The Auditor of **PERRY County** Date _____
Please Print: _____
Federal Employer ID # _____ Social Security # _____ OH Corporate Charter # _____

If you are a Foreign Corporation, give Ohio Certificate Number: _____ OH Certificate Number _____

If you file under cumulative return authority, what is your Master Number? _____ Master # _____

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. Legal Name _____
(Corporation, Sole Owner, Partnership)

4. Trade name or DBA _____

5. Business location _____

Are scales used for commercial use?
___ Yes ___ No

(Business phone no.) _____ (Business fax number) _____
6. Provide NAICS Code and state nature of business activity: _____
NAICS Code See page 2. _____

7. Primary address _____
(Residence or Home/Office Address of Corporation)

8. Mailing address _____

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 _____ Street _____ City _____ State _____ Zip _____ Vendor's License No. _____

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 # _____

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 _____
(name) _____ (street) _____ (city, state, zip) _____ Social Security Number _____
Vice-Pres/Partner _____
(name) _____ (street) _____ (city, state, zip) _____ Social Security Number _____
Secy/Treas/Partner _____
(name) _____ (street) _____ (city, state, zip) _____ Social Security Number _____

NOTE: The county auditor shall not issue vendor's license until all questions pertaining to the applicant on this application are answered.

**APPLICATION AND PAYMENT OF THE \$25.00 APPLICATION FEE IS TO BE FORWARDED TO:
Perry County Auditor, Courthouse North Main Street, New Lexington, Ohio 43764**

I HEREBY DECLARE THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(signature of vendor or authorized agent)