• Ohio	Department of Taxation P.O. Box 182215 Columbus, OH 43218-2215 (888) 405-4089			Applica	Rev. 12/09 tion for nt Vendor	's Licen	ISe
				s license no rtment use only)			
Federal employer i	identification no.	Social Security no. / ľ	TIN	Ohio corp	orate charter	no. / certifi	cate no.
	nership: (10) Sole owner LLP						
2. When did you or v	vill you begin making tax	able sales in Ohio? (MI	M/DD/YY)				
	g this license to make pusiness? Yes ☐ No [sales at a temporary	place of bu		-	-	
4. Provide NAICS co	ode and state nature of b	usiness activity		N/	(For the most cu AICS on our Wel	rrent listings o site at tax.c	search)hio.gov.)
5. Legal name	ation, sole owner, partnership, et	c.)					
6. Trade name or DE	3A						
7. Primary addressA	ddress of corporation, sole owne	r, partnership, etc.	City		State	ZIP c	ode
Business phone no.		Fax no.		Secondary phone no.			
(If	different from above)		City	1 #000	State	ZIP	code
	ax do you expect to colle						1
10. If you operate as a	a corporation or partners	nip, list appropriate nar	nes, address	ses and ide	ntification nu	imbers be	iow.
Title Name	Street	City	State	ZIP code	SSN	/ ITIN / FEIN	
Title Name	Street	City	State	ZIP code	SSN	/ ITIN / FEIN	
Title Name	Street	City	State	ZIP code	SSN	/ ITIN / FEIN	
	nber, fax number and e-r						
count						5 5	
Name		Phone no.	Fax no.		E-mail address		
Date	Signature of applic	ant					
	e – \$25 (made payable f hio Department of Taxa					n and \$25	fee

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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.