



ACCOUNT NUMBER ASSIGNED	
EFFECTIVE DATE	FM

- Kelleys Island
- Village of Put-In-Bay
- Township of Put-In-Bay

RESORT AREA GROSS RECEIPTS EXCISE TAX APPLICATION FOR REGISTRATION

Section 5739.103 of the Ohio Revised Code requires registration with the Tax Commissioner for those who engage in business as described in Division (B)(1) or (2) of Section 5739.101 of the Revised Code.

I/we herewith make application for registration with the Tax Commissioner. (For sole owner, print individuals name; for partnership, print full names of all partners; for corporation, print corporation's name and charter number. If a foreign corporation, print the certificate number issued by the Secretary of State authorizing transaction of business in Ohio pursuant to Section 1703.01, O.R.C.).

NAME _____ CHARTER # _____

DBA (TRADE NAME) _____

LOCATION OF BUSINESS _____ STREET CITY STATE ZIP

MAILING ADDRESS _____ STREET CITY STATE ZIP

WINTER INFORMATION _____ STREET CITY STATE ZIP

TELEPHONE NUMBER(S) _____ (Please indicate if Business, Home, Fax, and/or Alternate Number) E-Mail address _____

VENDOR'S LICENSE NO. _____ DESCRIBE BUSINESS ACTIVITY _____

WHEN DID YOU OR WILL YOU BEGIN ENGAGING IN BUSINESS _____

SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER

SOCIAL SECURITY

FEDERAL EMPLOYER IDENTIFICATION NUMBER

TYPE OF OWNERSHIP - CHECK ONE

- CORPORATION
- SOLE OWNER
- PARTNERSHIP
- FIDUCIARY
- ASSOCIATION
- BUSINESS TRUST

CORPORATION INFORMATION: OFFICER'S NAMES AND ADDRESSES

PRESIDENT _____ NAME STREET CITY STATE ZIP

VICE-PRES. _____ NAME STREET CITY STATE ZIP

SECY/TREAS. _____ NAME STREET CITY STATE ZIP

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

SIGNATURE OF VENDOR OR AGENT _____ DATE _____