

FOR STATE USE ONLY	
Account Number Assigned	
99-	
Effective Date	Filing Frequency

Check Digit

Application for Certificate of Registration

Federal employer identification no. - Social security no. - Ohio corporate charter no.

Please print.

If you are a foreign corporation, give Ohio certificate 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 begin providing taxable sales in the state of Ohio? (mm/dd/yy)

3. Provide NAICS code and state nature of business activity. (For most current NAICS listing, visit us at tax.ohio.gov)

4. Legal name _____

5. Trade name or DBA _____
(If partnership, list names)

6. Primary address _____
(Home/office address of corporation, sole owner or partnership) City State ZIP

(Home/office phone no.) _____ (Home/office fax no.) _____

7. Mailing address _____
(If different from above) City State ZIP

8. List location of all permanent places of business in Ohio, if applicable, and provide vendor's license numbers.

Name	Street	City	State	ZIP	Vendor's license no.
					<input type="text"/>
					<input type="text"/>

9. Name and address of each agent operating in Ohio.

Name	Street	City	State	ZIP

10. How much sales tax do you expect to collect each month? (06) Less than \$200 (01) \$200 or greater

11. If this application is for a new registration due to change in ownership, please list the old account number.

12. 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 no.
Vice-Pres/Partner	Name	Street	City	State	ZIP	Social security no.
Secy/Treas/Partner	Name	Street	City	State	ZIP	Social security no.

I hereby declare the above to be true and correct to the best of my knowledge and belief.

 Date Signature of owner or officer of company