



Vendor's license number _____

Application is hereby made for cumulative return authority for those retail establishments listed on the next page.

It is agreed that if such authority is granted the applicant will file a tax return under the master vendor's license in accordance with the prescribed method of filing as determined by the tax commissioner. The tax return will be supplemented by a detailed report of such data and information applicable to each individual retail establishment as the commissioner may require.

Please print. _____
 Federal employer identification no. Social Security no. Ohio corporate charter no.

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. Legal name _____

3. Trade name or DBA _____

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

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

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

6. 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.

 Signature of vendor or officer of company

 Title Date

Instructions

List on the next page of this application, in numerical sequence, the license number and address of each retail establishment to be covered by master vendor's license.

All licenses listed must be under the same entity number to be eligible for cumulative return authority.

When a new license that will be reported under your cumulative authority is obtained from a county auditor, please write your

master number on the line indicated on the license application. Until you receive notification of the effective date of the cumulative return authority, you will continue to file sales tax returns for each location under your present method of reporting.

If one of your licenses is to be cancelled, the date of cancellation must be immediately forwarded to Registration Unit, P.O. Box 182215, Columbus, OH 43218-2215. Phone: (888) 405-4089.

Mail to: Ohio Department of Taxation, Registration Unit, P.O. Box 182215, Columbus, OH 43218-2215.

