



**Department of  
Taxation**

P.O. Box 530  
Columbus, OH 43216-0530

MCF 1  
Rev. 3/10

**Application for Natural Gas Distribution Company**  
Ohio Revised Code Section 5727.93(A)

Name \_\_\_\_\_ FEIN \_\_\_\_\_

Address \_\_\_\_\_

Street address

City

State

ZIP code

Mailing address (if different from above)

\_\_\_\_\_

Contact person \_\_\_\_\_ Telephone number \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_

Number of customers \_\_\_\_\_

If the number of customers is less than 70,000, do you elect to aggregate the natural gas distribution to all customers in Ohio to determine the tax? [Refer to Ohio Revised Code section 5727.811(C).]

Yes

No

This registration, if approved, will remain in effect until canceled by the registrant or revoked by the tax commissioner.

\_\_\_\_\_  
Signature Title Date

I declare under penalties of perjury that the above statements have been examined by me and to the best of my knowledge and belief are true, complete and correct.