



**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.