		tion (182215 pus, OH 43218-2215)5-4089			Applicat Transier		's License	
					r license no.			
Check typ	oloyer Identification be of ownership: e member LLC		ocial Security Numbe Partnership Corp pecify)	ooration N	onprofit LL	y of State En C LLP	LTD	
When did	d you or will you	begin providing tax	able sales in the sta	ate of Ohio? (MM/DD/YY) _			
•	obtaining this lice business? Ye	ense to make sales es No	at a temporary plac	ce of busines	-	-		
Provide I	NAICS code and	l state nature of bus	iness activity		(For NAICS	the most curre S on our Web si	nt listings, search te at tax.ohio.go v	
		e owner, partnership, etc.)						
Primary a								
i iiiiaiy a	Address of	f corporation, sole owner,	partnership, etc.	City		State	ZIP code	
	Business phone num	ber	Fax number			Secondary phone number		
Mailing a	ddress	from above)				<u></u>		
		rom above) rou expect to collect		City		State	ZIP code	
		ation, LLC, or partne				tification nu	mbers below.	
Title	Name	Street	City	State	ZIP code	SSN / ITIN / FEIN		
Title I. Name, pl account.	_{Name} hone number, fa	_{Street} x number and e-ma	_{City} il address of indivic	State lual the depar	ZIP code rtment should c		IN / FEIN Irding this	
Name		Pr	none number	Fax numbe	er	E-mail address		

Fee for this license - \$25 (made payable to Ohio Treasurer of State). Send the original application and \$25 fee to the address above

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.