

STATE OF OHIO
DEPARTMENT OF TAXATION

FOR USE OF THE
DEPARTMENT OF TAXATION



APPLICATION FOR RETAIL CIGARETTE DEALER'S LICENSE

(Please Return Both Copies to the Office of the County Auditor)

For the period from _____ 19 ____ to _____ 19 ____

TO THE AUDITOR OF _____ COUNTY: Date _____

TAXING DISTRICT _____ FEE _____

Pursuant to Section 5743.15 of the Ohio Revised Code, the applicant herein has paid the required fee to the County Treasurer for each place of business specified below and hereby requests a license to sell cigarettes at retail at each of those places of business:

1. Name of Dealer _____
(If sole owner, print individual's full name: if partnership, print full names of all partners: if corporation, print corporation's name and Ohio corporation charter number. If a foreign corporation, certificate number issued by Secretary of State authorizing transaction of business in Ohio. Section 1703.01 et seq. R.C.)

2. Trade Name (If other than above) _____

3. Sales Tax Vendor License Number _____

4. Federal Employer Identification Number or if none assigned for reporting Federal Taxes please enter your Social Security No.

EMPLOYER IDENT. NO.

SOCIAL SECURITY NO.		

5. Check whether Dealer operates as:
Sole Owner Partnership Corporation Fiduciary or Association

6. Place of Business: _____
STREET CITY LICENSE NO. ASSIGNED

(IF VENDING MACHINES, PLACE A CHECK MARK IN THE SQUARE PRECEDING EACH SUCH PLACE OF BUSINESS)

ADDITIONAL PLACES TO BE LISTED ON SEPARATE SHEET AND ATTACHED HERETO

7. Residence Address of Dealer or Home Office of Corporation:

STREET CITY STATE

8. If this application is for an assignment of a license previously issued to another dealer, furnish the following information concerning that dealer:

NAME BUSINESS ADDRESS CITY LICENSE NO.

9. If this application is for an assignment of a license previously issued to the applicant for a place other than that specified herein, furnish the following information concerning the former location.

STREET CITY COUNTY LICENSE NO.

10. Number of cigarette vending machines operated by applicant in this County:

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

SIGNATURE OF DEALER OR OFFICER OF COMPANY

ALL QUESTIONS ON THIS APPLICATION SHOULD BE FULLY ANSWERED BEFORE THE LICENSE REQUESTED HEREON ARE ISSUED. FOR FURTHER LICENSE INFORMATION SEE REVERSE SIDE OF THIS FORM. (Original Buff, Duplicate Pink)