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Business License Compliance Package

Our Findings

Package Scope

This report outlines the licensed and permit applications we have identified based on the information received from you. The business address you provided us shows that your business is located in the incorporated area of Franklin County in the State of OH.

Overview of Licenses & Permits

State Level: We have identified the following license and/or permit application that may be relevant for your Art and Gift Store business:

- Combined Application For Registration As An Ohio Withholding And Or School District Withholding Agent

County Level: We have identified the following license and/or permit application that may be relevant for your Art and Gift Store business located in Franklin County, OH:

- Vendors License Application

Local Level: We have identified the following license and/or permit application that may be relevant for your Art and Gift Store business located in the City of Whitehall, OH:

- Business Registration Application

Prepared By:



<http://www.bizfilings.com>

Business License Compliance Package

Withholding Tax Registration: Combined Application For Registration As An Ohio Withholding And Or School District Withholding Agent (OH)

Issuing Authority Information

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

Ohio Department of Taxation

Central Registration Unit
P.O. Box 182215
Columbus, OH 43218-2215
Phone 1: (330)643-1736
Phone 2: (614)466-4810
Website:

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Ohio Department of Taxation

Central Registration Unit
P.O. Box 182215
Columbus, OH 43218-2215

Fee Information

Payment is not required when filing this application.

Additional Documents

The following documents have also been included to assist you with this application:

- Employer Withholding Tax General Guidelines
This document is available online by clicking [here](#).

Additional Helpful Information

General Notes

Information pertaining to filing this form

Prepared By:



<http://www.bizfilings.com>



Combined Application for Registration as an Ohio Withholding/School District Withholding Agent

Please Type or Print

Reactivate for Account No. _____ - _____

Please Select

Ohio Withholding School District Withholding

Federal Employer Identification No. _____ - _____

Charter No. _____ Business Type Code No. (see below) _____

Legal Name _____

Trade Name/DBA _____

North American Industrial Code System or Standard Industry Code (if unknown, leave blank) _____

Date Ohio Payroll Anticipated _____ County: _____

Primary Address (Home Office/Residence) _____

Mailing Address _____

Home Telephone No. _____ Business Telephone No. _____

Ohio Liquor Permit No. _____

Required to Withhold School District Income Tax (check here) If you need to activate your School District Account at a later date, please call 1-888-405-4089.

Name, Social Security No. and Title of Individual Responsible for Filing Returns and Payment of Ohio Withholding/School District Withholding Tax.

Name _____ SSN _____

Title _____

Signature of Above _____ Date _____

005	Individual	150	Non Profit
010	Sole Proprietor	160	National Bank
020	General Partnership	170	State Bank
030	Corporation	180	S Corporation
040	Professional Association	190	Agricultural Association (Co-op)
050	Limited Liability Company	230	Dealer in Intangibles
060	Fiduciary	240	Insurance
070	Limited Liability Partnership	250	Federal Credit Union
080	Limited Partnership	260	State Credit Union
090	Trust	270	State Savings & Loan
100	Business Trust	275	Federal Savings & Loan
110	Regulated Investment Company	280	Federal Government
120	Real Estate Investment Trusts	290	Local Government
130	Real Estate Mortgage Investment Conduits	300	State Government
140	Public Utility	999	Other

Business License Compliance Package

Vendors License: Vendors License Application

(Franklin OH)

Issuing Authority Information

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

Franklin County Auditor's Office

30 E. Broad Street, 22nd Floor

Columbus, OH 43215

Phone 1: (614)462-3260

Phone 3: (800)282-1782

Fax: (614)466-6401

Email: consum

Website: <http://tax.ohio.gov/>

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Franklin County Auditor's Office

373 S High Street - 21st Floor

Columbus, OH 43215

Fee Information

This application requires you to pay a fee to the licensing authority. The fee should be submitted with the application.

The flat fee for this application is \$25.00.

Payment

If paying by check, make check payable to: County of Franklin

Additional Documents

The following documents have also been included to assist you with this application:

- Business Tax Guide
- Informational Brochure - Vendors Sales Tax Laws in Ohio

Additional Helpful Information

General Notes

Information pertaining to filing this form

Prepared By:



<http://www.bizfilings.com>



Ohio Department of TAXATION

tax.ohio.gov

To the County Auditor of _____ County

License No. Issued by County Auditor

ST 1 Rev. 02/06

Application for Vendor's License To Make Taxable Sales

Federal employer identification no. Social security no. Ohio corporate charter no.

Please print.

If you are a foreign corporation, give Ohio certificate number.

If you file under cumulative return authority, what is your master 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. When did you or will you start making taxable sales at this location? (mm/dd/yy)

3. Provide NAICS code and state nature of business activity.

4. Legal name (Corporation, sole owner, partnership)

5. Trade name or DBA

6. Primary address Home/office address of corporation, sole owner or partnership City State ZIP code

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

7. Business location Address City State ZIP code

8. Mailing address (If different from above) City State ZIP code

9. How much sales tax do you expect to collect each month? (06) Less than \$200 (01) \$200 or greater

10. List previous owner(s) name, address and vendor's license number(s).

Name Street City State ZIP code

11. Will you be selling beer, wine or liquor at this location? Yes No If yes, list your Department of Liquor Control permit class, number and employer withholding account number.

Liquor control permit class Liquor control permit no.

12. Do you intend to make non-liquor sales prior to the issuance of your permit? Yes No

13. If you operate as a corporation or partnership, list appropriate names, addresses and social security numbers below.

President/Partner Name Street City State ZIP

Vice-Pres/Partner Name Street City State ZIP

Secy/Treas/Partner Name Street City State ZIP

Social security no. Social security no. Social security no.

Note: The county auditor shall not issue a vendor's license until all questions on this application are answered. Application and payment of the \$25 fee should be forwarded to the auditor of the county in which the sales are to be made.

I hereby declare the above to be true and correct to the best of my knowledge and belief.

Date Signature of applicant or agent County auditor By deputy

Business License Compliance Package

Business Registration: Business Registration Application

(Whitehall OH)

Issuing Authority Information

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

Whitehall Auditor of Public Accounts

360 S. Yearling Road
Whitehall, OH 43213
Phone 1: (614)237-9803
Email: kmaggard@cityo
Website: <http://www.ci.whitehall>

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Whitehall Auditor of Public Accounts

360 S. Yearling Road
Whitehall, OH 43213

Fee Information

Payment is not required when filing this application.

Additional Helpful Information

General Notes

Information pertaining to filing this form

Prepared By:



<http://www.bizfilings.com>



City of Whitehall

Income Tax Division

Business Registration

The information requested on this form is essential to the establishment of your account and will be used for official purposes only. Please fill out, sign and return this Registration form within 15 days. Call or email us if you have questions.

Type of Organization: (Please check one)

Federal I.D. No. _____	Corporation	Partnership	Non-Profit	
------------------------	-------------	-------------	------------	--

Social Security No. _____	Sole Proprietor	LLC		
---------------------------	-----------------	-----	--	--

1. **Local** name and address as used for business purposes:

Business name: _____
 Address: _____
 City/State/Zip: _____
 Telephone No. () _____ Fax No. () _____

2. Description of your primary product or service: _____
 NAICS Code: _____

3. What date did your operation begin in Whitehall? _____

4. If corporate subsidiary, give name and address of parent company's main office:

Name: _____ Telephone No. _____
 Address: _____
 City/State/Zip: _____

5. If sole proprietorship, give owner's name and address

Name: _____ Telephone No. _____
 Address: _____
 City/State/Zip: _____

6. Name and title of your Chief Executive Officer: _____

7. Please list all names, addresses, and telephone numbers of all partners or principal corporate officers: (attach list if necessary)

	Name	Address	SSN	Telephone Number
(a)	_____			
(b)	_____			
(c)	_____			

8. Accounting period used:

Calendar year ending December 31 Fiscal year ending: _____

PLEASE COMPLETE QUESTIONS ON REVERSE SIDE

9. Estimated Annual Payroll: _____ x .02 = _____ (estimated tax withheld)

Filing will be semi monthly

Monthly (if income tax withheld is over \$1,200 per year but under \$12,000 per year)

Quarterly (if income tax withheld is less than \$1,200 per year)

10. Please complete the statements below; if applicable:

(A) Number of employees (if sole proprietor do not include yourself)

Full-time: _____ Part-time: _____

(B) Date when employees began working in Whitehall _____

(C) _____ We have no employees in Whitehall. We wish to withhold as a courtesy for employees who live in Whitehall starting _____.

11. Do you lease business space from others? If so, to whom is rent paid:

Name	Address	City/State/Zip	Telephone No.
Owner: _____	_____	_____	_____
Agent: _____	_____	_____	_____

12. Send the **Business net profit** tax return to (not applicable for Courtesy Withholders):

Business Name: _____

Attention: _____

Address: _____

City/State/Zip: _____

13. Send **Employee withholding** tax report form to:

Business Name: _____

Attention: _____

Address: _____

City/State/Zip: _____

14. For Contractors/Sub-Contractors Only:

(A) Are you a general contractor or sub-contractor? _____

(B) Location of current job: _____

(C) Probable length of job: from: _____ to: _____ Estimated cost of job: _____

(D) Will you be doing more than one job in Whitehall? Yes/no

(E) Name and address of party from whom work is contracted:

Name: _____

Address: _____

(F) Will you be sub-contracting any of the work to someone else? If yes, please attach a list with name(s) and address(es).

15. Does your organization use a payroll service? _____ If yes, provide name: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT:

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Thank you for your cooperation, please don't hesitate to call if we can assist you in any way.

REMIT TO: City of Whitehall
360 South Yearling Road
Whitehall, OH 43213

Phone: 614- 237-9803

Fax: 614- 237-7902

Business License Compliance Package

Need Help?

If you have questions regarding a specific license or permit application, please contact the licensing authority using the contact information provided on the application coversheet preceding the specific application.

Have questions about the content of this package? Please contact us using the contact information provided below. Please note: questions that are of a nature that require additional research not covered in this report will be subject to additional charges.

Customer Service Representative:

BizFilings

Customer Service

Tel: (800) 981-7183

Email: info@bizfilings.com

Feedback

Thank you for using BizFilings for your license and permit needs. Your feedback is important to us and will help us improve the services we provide. We welcome your comments and suggestions at bizlicenses@bizfilings.com.

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Prepared By:



<http://www.bizfilings.com>