

# Business License Compliance Package

## Your Request

This package has been prepared based on the information you provided as detailed below:

### Contact Information

John Doe  
BLCP Sample LLC  
111-111-1111  
jdoe@sampleLLC.com

### Business Address

111 Sample Street  
Whitehall, OH 43213  
County: Franklin

### Area(s) Doing Business In

Whitehall, Franklin County, OH

### Employees

### Business Activity

I am an artist selling artwork and gifts.

### Products Sold

Selling my artwork as well as other artists' work and small gifts.

### Your Request

Obtain the necessary license and/or permit applications for my new business.

## Package Contents

This package contains the license application that we have identified for you.

Every application is preceded with a cover sheet containing the licensing authority's contact information (name, address, telephone number, etc.) as well as instructions on how to file your application.

This package contains **3** application(s) (listed below):



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

This application also includes the following document(s)

- Withholding Tax Registration: Employer Withholding Tax General Guidelines



### Vendors License Application (Franklin OH)

This application also includes the following document(s)

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



### Business Registration Application (Whitehall OH)

Prepared By:



<http://www.bizfilings.com>

# 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

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# 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

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To the County Auditor of \_\_\_\_\_ County

License No. Issued by County Auditor

Application for Vendor's License To Make Taxable Sales

Federal employer identification no.

Social security no.

Ohio corporate charter no.

Please print.

Grid for Federal employer identification no.

Grid for Social security no.

Grid for Ohio corporate charter no.

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

Grid for Ohio certificate number.

If you file under cumulative return authority, what is your master number?

Grid for 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)

Grid for start date.

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

Grid for NAICS code.

(For the most current NAICS listings, visit us at tax.ohio.gov.)

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).

Vendor's license no.

Grid for vendor's license no.

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.

Employer withholding account no.

Grid for employer withholding account no.

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.

Social security no.

Grid for social security no.

President/Partner

Name Street City State ZIP

Social security no.

Vice-Pres/Partner

Name Street City State ZIP

Social security no.

Secy/Treas/Partner

Name Street City State ZIP

Grid for 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

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# 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: \_\_\_\_\_

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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](mailto: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](mailto:bizlicenses@bizfilings.com).

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