



STATE OF OHIO
DEPARTMENT OF TAXATION
P. O. BOX 530
COLUMBUS, OH 43216-0530

FORM RA 1

ACCOUNT NUMBER ASSIGNED
EFFECTIVE DATE FM

- Kelleys Island
Village of Put-In-Bay
Township of Put-In-Bay

RESORT AREA GROSS RECEIPTS EXCISE TAX

APPLICATION FOR REGISTRATION

Section 5739.103 of the Ohio Revised Code requires registration with the Tax Commissioner for those who engage in business as described in Division (B)(1) or (2) of Section 5739.101 of the Revised Code.

I/we herewith make application for registration with the Tax Commissioner. (For sole owner, print individuals name; for partnership, print full names of all partners; for corporation, print corporation's name and charter number. If a foreign corporation, print the certificate number issued by the Secretary of State authorizing transaction of business in Ohio pursuant to Section 1703.01, O.R.C.).

NAME CHARTER #

DBA (TRADE NAME)

LOCATION OF BUSINESS STREET CITY STATE ZIP

MAILING ADDRESS STREET CITY STATE ZIP

WINTER INFORMATION STREET CITY STATE ZIP

TELEPHONE NUMBER(S) ( ) ( ) ( )
(Please indicate if Business, Home, Fax, and/or Alternate Number)

VENDOR'S LICENSE NO. DESCRIBE BUSINESS ACTIVITY

WHEN DID YOU OR WILL YOU BEGIN ENGAGING IN BUSINESS

SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER

SOCIAL SECURITY

FEDERAL EMPLOYER IDENTIFICATION NUMBER

TYPE OF OWNERSHIP - CHECK ONE

- CORPORATION SOLE OWNER PARTNERSHIP FIDUCIARY ASSOCIATION BUSINESS TRUST

CORPORATION INFORMATION: OFFICER'S NAMES AND ADDRESSES

PRESIDENT NAME STREET CITY STATE ZIP

VICE-PRES. NAME STREET CITY STATE ZIP

SECY/TREAS. NAME STREET CITY STATE ZIP

I DECLARE THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF VENDOR OR AGENT

DATE

Send original application to the above address Attn Audrey Booker. Tel: 614-466-4810