

## Application for Tire Distributor License

Name of business	FEIN
DBA	Social Security number
Street	Telephone number
City <span style="float: right;">State</span> <span style="float: right;">ZIP code</span>	Fax number

1. Mailing address if different from above \_\_\_\_\_

2. Business structure:

Sole owner  Partnership  Corporation  Fiduciary  Association  Other

3. Date of first taxable sale \_\_\_\_\_

4. Type of business:

Wholesale  Retail  Broker  Importer

If wholesale/retail, percentage of each: Wholesale \_\_\_\_\_% Retail \_\_\_\_\_%

5. List on the reverse side each location covered by this application.

6. List below the titles, names and addresses of all corporate officers, association officers or partners.

Title	Name	Address	Social Security No.

### Federal Privacy Act

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. Your failure to supply any information requested on a tax form prescribed by the tax commissioner may result in (i) the imposition of penalties for failing to file a complete tax return or (ii) the denial of a license, if applicable.

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

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

This is NOT an annual license. The license is in effect until you cease business. Mail application to the Ohio Department of Taxation, Excise Tax Section, P.O. Box 530, Columbus, OH 43216-0530. If you have any questions regarding this application, please call (614) 466-7026.

Please list street, city, state and ZIP code.

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