



ST 3  
(Rev 9/00)

# Vendor's License

License Number Issued by  
Ohio Dept. of Taxation  
No. 47082636

COUNTY OF LORAIN

DATE DECEMBER 1, 2019

THIS IS TO CERTIFY that the vendor herein named, having complied with the provisions of Section 5739.17 of the Revised Code of Ohio, is hereby authorized to make retail sales, at the location specified below. This license shall terminate and be null and void, if the business is moved to a location outside of the county

other than where it is presently located, if the business is sold, if an individual or partnership incorporates the business, if a partnership is dissolved, or is cancelled, for cause, by the Tax Commissioner.

Ohio Charter Or Foreign License Number

**WHITE II, DANIEL J**

Name

**BLACK RIVER BONSAI**

DBA or Trade Name (other than above)

**4638 COLORADO AVE**

**440-258-7003**

Business Location Address

Telephone Number

**SHEFFIELD VILLAGE, OH 44054**

City, State, Zip Code

**NURSERY, GARDEN CENTER, AND FARM SUPPLY STORE: 444220**

Type of Business

NAICS Code

**J. CRAIG SNODGRASS**

By **LAURIE FIGUEROA**

County Auditor

Deputy

The Ohio Sales Tax Law provides that no vendor shall fail to collect the full and exact tax as required by Sections 5739.01 to 5739.31, inclusive, of the Revised Code, or fail to comply with such sections and the rules and regulations of the Tax Commissioner. Whoever violates this provision shall be fined not less than \$25.00 nor more than \$100.00 for a first offense, for each subsequent offense

such person shall, if a corporation, be fined not less than \$100.00 nor more than \$500.00 or if an individual or a member of a partnership, firm or association, be fined not less than \$25.00 nor more than \$100.00, or imprisoned not more than 60 days, or both.



PO Box 182215  
Columbus, OH 43218-2215  
tax.ohio.gov

REGISTRATION  
CONFIRMATION



WHITE II, DANIEL J  
4638 COLORADO AVE  
SHEFFIELD VILLAGE, OH 44054-2608

November 13, 2019  
Contact ID: 0922387515



RE: Ohio Tax Account Type: County Vendor's Sales  
Ohio Tax Account #: 47082636  
Effective Date: December 01, 2019  
Filing Frequency: Monthly

TIN: 30

A complete registration has been established for you based upon the registration form submitted. Please verify that the information listed below is complete and accurate. If there are corrections and/or additions, please note them on this form and return it by mail to PO Box 182215, Columbus, OH 43218-2215 or fax to 1-614-387-1851. You may also contact us by telephone at 1-888-405-4089 or by email through our website at tax.ohio.gov.

Legal Name White II, Daniel J  
SSN xxx-xx-6266

Filing periods are required to be filed electronically. You can file and pay your tax returns electronically through the Ohio Business Gateway at gateway.ohio.gov. Payments may be made directly from your bank account (electronic check) or by credit card.

The Ohio Department of Taxation must receive all returns and payments on or before the 23rd of the month following the end of the reporting period. Failure to file and pay taxes due in a timely manner may result in the loss of discount and the imposition of interest, penalties and/or additional charges. You must file a return even if you made no taxable sales for the filing period.

If you have any questions concerning your tax responsibilities or how to file your return(s), please contact us.

Taxpayer Services Division  
Phone: 1-888-405-4089  
Fax: 1-614-387-1851  
TTY/TDD: 1-800-750-0750

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