



John R. Kasich  
Governor

### CORPORATION, PARTNERSHIP FIRM OR ASSOCIATION

## APPLICATION FOR BUSINESS LICENSE

Sections 4747.01 to 4747.15, inclusive, and 4747.99 Ohio Revised Code

**For Board Use Only**

License No \_\_\_\_\_

Amount \$ \_\_\_\_\_ Check MO # \_\_\_\_\_ Split \_\_\_\_\_ Duplicates \_\_\_\_\_

OOS/C licenses verified \_\_\_\_\_ HRSA/HIPDB/NPDB cleared \_\_\_\_\_

Pending \_\_\_\_\_ No Attachments \_\_\_\_\_ Mailed \_\_\_\_\_

**PRINT in ink:**

BUSINESS NAME	Circle ALL that apply: FIRM PARTNERSHIP CORPORATION ASSOCIATION	DATE OF APPLICATION
DBAs or TRADE NAMES <i>(If more than one, list correct DBA/TRADE NAME for EACH ADDRESS)</i>	Federal Employer ID No. (EIN) _____	Secretary of State Charter/Registration Number _____ <i>(if applicable)</i>
(1) PRIMARY BUSINESS ADDRESS	CITY/STATE/ZIP	PHONE
EMAIL	<b>CONTACT NAME for LICENSING ISSUES</b>	<b>CONTACT PHONE</b>
(2) ADDITIONAL LOCATION BUSINESS NAME (if different)/ADDRESS	CITY/STATE/ZIP	PHONE
EMAIL	Contact Name at <u>this</u> location	Contact Phone at <u>this</u> location
(3) ADDITIONAL LOCATION BUSINESS NAME (if different)/ADDRESS	CITY/STATE/ZIP	PHONE
EMAIL	Contact Name at <u>this</u> location	Contact Phone at <u>this</u> location
<b>NAMES OF OHIO-LICENSED HEARING AID DEALERS/FITTERS WORKING FOR BUSINESS as Employees or Sub-contractors</b>	<b>LOCATION(S) (street/city only)</b>	<b>LICENSE NUMBER</b>
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Please include additional Locations, DBAs, Trade Names AND/OR Ohio-licensed Hearing Aid Dealers/Fitters associated with this business on a separate sheet of paper.

**MORE...OVER**

NAME/TITLE - OFFICERS OF ORPORATION/BUSINESS/FIRM/ASSOCIATION	EMAIL	PHONE

**This section MUST be completed. ATTACH a detailed, written explanation for each "yes" answer to Questions 2-4. Provide a certified copy of verdict and sentencing court record. THE NAMED BUSINESS APPLICANT and/or OWNER/INCORPORATOR have:**

- Yes    No   1. An active Business and/or Individual License to fit/sell hearing aids in another state, province, region or country.  
License Number/Where? \_\_\_\_\_
- Yes    No   2. Has been *denied* any License in Ohio, other state, province, region or country.  
Year denied/License Type/Where? \_\_\_\_\_
- Yes    No   3. Has had any License *revoked, suspended, restricted or placed on probation* by Ohio, another state and/or U.S. Territory.  
Year of action/License Type/Where? \_\_\_\_\_
- Yes    No   4. Has been *convicted of a felony or misdemeanor* greater than a minor traffic offense.  
Month & Year of conviction(s)/County & State \_\_\_\_\_

**Any false statement contained in this application is sufficient grounds for denial or revocation of license.**

*Ohio Revised Code 4747.12, 4747.14*

**AFFIDAVIT**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

\_\_\_\_\_ BEING FIRST DULY SWORN, STATES THAT THE

**(PRINT NAME OF NOTARY)**

UNDERSIGNED IS A DULY AUTHORIZED AGENT OF THE APPLYING CORPORATION, BUSINESS, FIRM, AND/OR ASSOCIATION, AND THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

<b>Business Officer's NAME - PRINT</b>	<b>SIGNATURE</b>
<b>Business Officer's RESIDENCE ADDRESS, STATE, ZIP</b>	Email of signatory _____  Phone of signatory _____

SWORN TO BEFORE ME AND SUBSCRIBED  
IN MY PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

**OFFICIAL SEAL OF NOTARY**                      SIGNATURE OF NOTARY \_\_\_\_\_

EXPIRATION OF COMMISSION \_\_\_\_\_

**DUPLICATES \_\_\_\_\_ X \$16.00 each = \$ \_\_\_\_\_**

**Licenses must be displayed at each work location. It is illegal to make copies of a license for display.**

**CHECKLIST BEFORE MAILING:**

- Application is **complete** – signed *AND* notarized. **Signatures must be original.**
- Check or money order for \$262.00, payable to "Treasurer – State of Ohio" is enclosed.
- Duplicates ordered.
- Written explanation(s) and/or certified court record(s) enclosed, if applicable.

**MAIL TO: Ohio Hearing Aid Dealers & Fitters Licensing Board, PO Box 15278, Columbus OH 43215-0278**

For further information or assistance, please contact:

**614-466-5215**

**FAX 614-564-2484**

**[hearing@odh.ohio.gov](mailto:hearing@odh.ohio.gov)**