



State of Ohio
John R. Kasich
Governor

APPLICATION - LICENSE RENEWAL 2015-2016 BUSINESS

All current BUSINESS licenses will expire on January 30, 2014.
Questions? Write: hearing@odh.ohio.gov or Call 614-466-5215

TYPE or PRINT in ink. Only original form and signature can be accepted.

Current License Number _____

BUSINESS NAME – CORPORATE _____

BUSINESS DBA/TRADE NAME _____

ADDRESS (where licenses and related correspondence should be directed) (Street, City, State, Zip) _____

EIN: _____

Do you have ANY registrations with the Ohio Secretary of State? Yes _____ No _____

If you do not know this information, find it at: <http://www2.sos.state.oh.us/pls/bsqry/f?p=100:1:865910891374203>

IF YES, Type of entity: _____ Registration No. _____

Type of entity: _____ Registration No. _____

Licensing Administration Contact Name _____ Telephone (_____) _____

Address _____ Email _____

Business Owner(s) Name(s) (if different than Contact) _____

Owner(s)' License Type(s) (Circle ALL that apply/write EACH license number): AuD _____ HADF _____ Physician _____ Other _____

Telephone(s) (_____) _____ Email(s) _____

The following questions & the back of this form must be completed before a license may be renewed.

WRITE Yes or No. ATTACH a detailed explanation of EACH "Yes" answer AND a copy of EACH Court Verdict and Sentencing Record.

The named business licensee/owner, in Ohio, another state, the U.S.A., a U.S. Territory, Province or another Country, has been convicted of, found guilty of, pled guilty to, pled no contest to, or received treatment in lieu of conviction for:

? _____ 1. A misdemeanor rated greater than "minor"? Court of Record _____ Case No. _____

? _____ 2. A felony? Felony Rating: _____ Court of Record: _____ Case No. _____

? _____ 3. A violation of any municipal, state, county or federal drug law? Court of Record: _____ Case No. _____

The named business licensee/owner, in Ohio, another state, U.S.A., U.S. Territory, Province, or another Country has:

? _____ 4. Active health care related licenses in addition to the license to fit/sell hearing aids in Ohio?

Location(s) _____ Licensing Entity & Nos. _____

? _____ 5. Been denied license(s) to conduct business in a health care related industry?

Location(s) _____ Licensing Entity & Case Nos. _____

? _____ 6. Voluntarily surrendered and/or had health care related license(s) revoked, suspended, restricted, or placed on probation?

Location(s) _____ Licensing Entity & Nos. _____

- If you hold an Individual and a Business License, you must complete the correct application for each.
- Enclose correct fee (see below) per license - Check or Money Order, Payable to "Treasurer, State of Ohio."
- Indicate number of duplicates needed - \$16.00 each. (Renewal and duplicate fees **may** be combined in one check/money order.)
- Before mailing, make a copy of the completed form for your records.
- Return completed original form and payment to:

Ohio Hearing Aid Dealers & Fitters Licensing Board, Box 15278, Columbus OH 43215-0278

If postmarked on or before: FEE _____ Rev Codes _____

January 30, 2015 \$157.00 1261

February 31, 2015 \$183.00 1263

On or After March 1, 2015 \$210.00 1263

License Fee \$ _____
(Rev Code 1261 **OR** 1263)

Number of Duplicates _____

X \$16.00 each =

\$ _____

(Rev Code 1262)

TOTAL FEES

ENCLOSED

\$ _____

VERIFICATION – MUST BE SIGNED BY APPLICANT TO COMPLETE RENEWAL PROCESS: I verify all information on this form and any attachment(s) is true and accurate. Misrepresentation may result in disciplinary action under R.C. Section 4747.12.

PRINT NAME _____ SIGNATURE _____

For Office Use ONLY MO/Check No. _____ Date of Check _____ Date of Deposit _____
Payer _____ Split? _____

ALL BUSINESS LOCATIONS where offices of the renewal applicant fit/sell hearing aids in Ohio:

For your convenience, you may attach a computer-generated list of all requested information in lieu of completing this section. This information **MUST** be attached to your application. Address Locations must match # of Certificate requests.

NAME/DBA ADDRESS CONTACT NAME, PHONE EMAIL	NAME/DBA ADDRESS CONTACT NAME, PHONE EMAIL
NAME/DBA ADDRESS CONTACT NAME, PHONE EMAIL	NAME/DBA ADDRESS CONTACT NAME, PHONE EMAIL
NAME/DBA ADDRESS CONTACT NAME, PHONE EMAIL	NAME/DBA ADDRESS CONTACT NAME, PHONE EMAIL

EMPLOYEES (include sub-contractors) licensed to fit/sell hearing aids in Ohio:

NAME License No. Locations	NAME License No. Locations
NAME License No. Locations	NAME License No. Locations
NAME License No. Locations	NAME License No. Locations
NAME License No. Locations	NAME License No. Locations