



**Department of Commerce**

Division of Industrial Compliance  
John R. Kasich, Governor  
Jacqueline T. Williams, Director

**BEDDING, UPHOLSTERED FURNITURE & STUFFED TOYS  
ANNUAL LICENSE APPLICATION, PLEASE TYPE OR PRINT**

Business Name _____ Address _____ _____ City _____ St. _____ Zip _____ Country _____ County _____ Contact Name _____ Phone _____ Fax _____ E-Mail _____		<b>OFFICE USE ONLY</b>  Ohio Registration Number _____  Uniform Registry Number _____
<b>CIRCLE TYPE OF BUSINESS</b> 1) Manufacturer 2) Importer/ or Distributor 3) Wholesaler 4) Secondhand Dealer 5) Renovator 6) Auction House 7) Recreational or Conversion Van Dealer 8) Mobile Home	<b>FEES: Make Checks Payable To: Treasurer State of Ohio. Send check and application (Prepaid) to address listed on this form.</b> 1) \$50.00 Manufacturer, Importer/ or Distributor, Wholesaler, Secondhand Dealer, Auction House, Mobile Home and Recreational Vehicle or Conversion Van Dealer 2) \$35.00 Renovator	
<b>DESCRIBE TYPE OF ARTICLES</b>  	<b>Does Applicant have other registration numbers?</b> YES _____ NO _____ If yes, list all numbers: _____	

**CHECK STATEMENTS WHICH APPLY**

- Applicant is requesting an Ohio registration number.**  
If you already have a registration number from another state and you want Ohio to recognize that number **do not** check this box.
- Applicant is requesting recognition of another state's registration number. List Number** \_\_\_\_\_  
A copy of your current license certificate from the state you are requesting Ohio to recognize must be submitted with this application.
- Applicant is using only new materials in the manufacturing and/or renovation of their products.**
- Applicant has sent a sample along with a copy of their application form, license certificate and law label as required by law.**  
A license will not be issued until your sample and law label have been approved at our laboratory.  
Submit your sample and law label (Prepaid including custom duties and taxes, if any) to: OHIO BEDDING LABORATORY, 6606 Tussing Road, Reynoldsburg, OH 43068.  
  
\* **A laboratory fee will be charged for each analysis and an invoice will be issued with the report of analysis.** For information on submitting your samples, contact the lab at: Phone (614) 995-0773, Fax (614) 644-3217 Email: [OhioBedding@com.state.oh.us](mailto:OhioBedding@com.state.oh.us)  
**NOTE:** If you do not have a law label available for the item you are submitting, you may include a draft or proposed law label.
- Applicant is using secondhand materials in the manufacturing and/or renovation of their products.**  
A sample of your secondhand materials, copy of your application form and law label must be submitted to our laboratory for testing. Submit your sample and law label (Prepaid) to: OHIO BEDDING LABORATORY, 6606 Tussing Road, Reynoldsburg, OH 43068  
\* Samples must meet sanitization requirements as prescribed in the Ohio Revised Code. Please contact the laboratory prior to submitting a sample of secondhand material.

**IMPORTANT NOTICE: It is mandatory that you complete all areas of this application pertaining to your business.**

If you are a manufacturer and sending product directly into Ohio please complete Sections 1 and 3.

If you are a manufacturer but **do not** send product directly into Ohio please complete Sections 1, 3 and 4.

If you are an importer, distributor or wholesaler (directly bring products into Ohio) and not the manufacturer, complete Sections 1, 2 & 3.

**NOTE:** Both the manufacturer, importer/distributor or wholesaler must be registered in Ohio.

**1. Does your company manufacture the products sold or offered for sale in Ohio? Yes \_\_\_\_\_ No \_\_\_\_\_**

**IF YES:** As the manufacturer, you shall retain records of the following information for a period of not less than two (2) years from the date they are initially offered for sale in Ohio.

- A.) Specification of the articles, by individual product, manufactured, sold, delivered for sale, offered for sale, consigned, or used as promotion or gift in Ohio.
- B.) The total number of articles made available for sale, gift or promotion in Ohio.
- C.) The name, address, telephone number/e-mail address of any importer or wholesaler of your products that offers for sale, consigns, or uses as a promotion or gift in Ohio.

**2. IF NO, please provide the name, address, phone number, contact person and registration number of the manufacturer.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Reg. No. \_\_\_\_\_

**3. Does your company send products directly into the State of Ohio? Yes \_\_\_\_\_ No \_\_\_\_\_**

**IF YES,** your company will be responsible for paying the four cent per item Annual fee. A separate invoice will be issued.

If you are the manufacturer, importer/distributor or wholesaler that is sending product directly into Ohio you shall retain records of the following information for a period of not less than two (2) years from the date they are initially offered for sale, sold, consigned, or used as promotion or gift in Ohio.

- A.) Specification of the articles, by individual product, manufactured, imported, delivered for sale, offered for sale, consigned, or used as promotion or gift in Ohio.
- B.) The total number of articles purchased from the manufacturer, if you are an importer or wholesaler.
- C.) The total number of articles imported, delivered for sale, consigned, or used as promotion or gift in Ohio.
- D.) The name, address, telephone number/e-mail address of the manufacturer of the products, if you are an importer or wholesaler.

**4. IF NO, please provide the name, address, phone number and contact person of the importer/distributor or wholesaler that will be sending your products into Ohio. ( NOTE: Both the manufacturer, importer/ dist. or wholesaler must be registered in Ohio)**

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**PLEASE TYPE OR PRINT**

**Name and title** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Check number** \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. ALL SUBMISSIONS MUST BE PREPAID.**