



## HOTEL/MOTEL TAX GRANT APPLICATION REVIEW

Name of Organization: OP Eagles

Event/Activity: Invitational Soccer Tournament

Previous Grants Received

Yes

No

If Yes, Years: 2009, 2012

Amount: \$5,350; \$5,193

Did project/event meet stated goals and/or criteria:

Yes

No

Permit Needed

Yes

No

Criteria:

**Cultural Arts:** [Click here to enter text.](#)

**Beautification of public property:** [Click here to enter text.](#)

**Improvement of Dublin's Historic District:** [Click here to enter text.](#)

**Special Events: OP Eagles Invitational Soccer Tournament**

**Other projects which will enhance the City of Dublin:** [Click here to enter text.](#)

**Projects/Events that appeal to Dublin visitors and tourists:** [Click here to enter text.](#)

**Comments – Community Relations:** [Click here to enter text.](#)

**Comments – Events Administration:** Reported room nights from DCVB are 864 for 2012. Cost of City services was approximately \$4670.

**Comments – Parks & Open Space:** [Click here to enter text](#)

**Comments – Taxation:** Application is complete

**Finance Committee Recommendation:** [Click here to enter text.](#)

**Other:** [Click here to enter text.](#)



**Project/Event (Please complete the following questions and submit)**

# Hotel/Motel Tax Grant

**1. List project/event title**

**OP EAGLES INVITATIONAL SOCCER TOURNAMENT**

**2. What will the project accomplish?**

The primary purpose in seeking a grant is to provide funds to sustain and grow the OP Eagles Invitational Soccer Tournament which in turn increases revenue stream to our local hotels, retailers and restaurants. Club tournament and programs benefit the children in our community through continuous soccer programming. OP tournament, programs and events in turn promote a positive image of Dublin to both community and visitors.

**3. Is the request for a one-time special project or new activity, or operating support for an existing program or event?**

Request is for operating funds for an existing event. 2013 will be our 15<sup>th</sup> annual tournament in Dublin.

**4. What are the opportunities that the project will attempt to attract?**

This grant would help facilitate the OP Invitational Soccer Tournament, a premier, platinum rated (national soccer publication) soccer tournament for boys and girls 7 – 18 years of age. The tournament draws over 275 teams from the greater Midwest, 95% of whom frequent our local restaurants and retailers, and fill Dublin hotels to capacity.

**5. What immediate and long-range results are expected?**

Immediate result is a significant economic impact in Dublin in September 2013. Long range results include promoting and maintaining the positive image of Dublin and helping sustain the OP Soccer Club, a Non-profit organization based in Dublin.

**6. Who will benefit from the project? How and to what extent?**

The OP Eagles Invitational is the primary fundraiser for the Ohio Premier Girls Soccer Club, a non-profit organization, which helps support local programming to the Dublin community, special community events held at our facility and helps to keep our costs for our OP Junior program free to Dublin Soccer League participants.



# Hotel/Motel Tax Grant

**7. Budget – Amount requested and a complete statement of the purpose of the grant.**

**\$2000** Tournament website management for event advertising/promotion.

**\$1500** Field lining and maintenance fees

**\$800** DSL concession stand rental and 20% of revenue generated

**\$1000** Police/Traffic Control

**\$800** Additional portable toilets for Darree Park

**\$400** Dumpster

**\$400** Trash pick up

**\$2000** Restroom attendants @ \$100 / hr

**\$ 100** Set up/delivery of sandwich boards

**\$ 70** No parking signs

**\$1300** Darree Field rental

**\$10,500** Total Grant Request

**8. What is the total cost of the project? Specifically, how will the money be used? When will the money be needed?**

**Our total expenses for 2012 were 87k. The monies will be used for the aforementioned items which are needed on an annual basis. The request is based on 2012 invoices and does not account for any potential increases in 2013. Money will be needed to help pay invoices following tournament date September 2013.**

**9. Support – What other sources of financial support are committed or are being sought for the project? Organizations and amounts should be listed.**

**Many local businesses advertise at the fields during the tournament. In 2012, approximately \$2600 was raised through local advertising.**

**10. Future Support – Will the project continue beyond the funding period? If so, how will it be supported? If the program is to be sustained, provide plans for permanent support after the City's funding has been terminated.**

**This is an annual event. Small club fundraisers are held throughout the year including 3 v 3 tournaments and casino night to help keep costs down for our participants.**



# Hotel/Motel Tax Grant

- 11. Maintenance Costs – What are the projections for short-term and long-term costs to maintain this project?**  
In an effort to sustain a successful, highly respected tournament, quality referees must be secured at a premium. This is in addition to budgeted tournament costs reflected in grant request. However, the tournament is organized and run by parent volunteers.
- 12. City Services – What City of Dublin services are required to implement the project/event? What is the cost of these services? Have these services been coordinated with the City's Event Administration Department?**  
City services requested annually include facilities labor (restrooms), field maintenance (delivery/set up of traffic barricades, no parking signs, clean up), traffic control.
- 13. Has an Event Permit Application been approved?**  
2013 will be our 15<sup>th</sup> year and permits are filed annually.
- 14. Attendance – What is the expected spectator attendance? 8,000-10,000  
What is the expected participant attendance? 4125-4500  
What are the attendance records for the last two years? Roughly 4,000 participants and At 6,500 guests.**
- 15. Overnight Visitors – How many overnight visitors are estimated? What is the basis for estimates?**  
We estimate securing no less than 1750 room nights providing local hotels can continue to expand our room 'blocks'.  
How will you promote Dublin hotels?  
Promotion is done through the team registration process via the [www.opsoccer.com](http://www.opsoccer.com) web site, Facebook, Twitter and emails to our future and past visitors.
- 16. Promotion – How will the project/event be promoted? In what mediums/markets will you be promoting the events?**  
Marketing is done via OP Eagles web site, Facebook, Twitter and communication within the Ohio and Regional soccer communities. We also solicit local business for advertisement and promotion.



# Hotel/Motel Tax Grant

**17. Approach – How will the project be carried out? Where and by whom? How long will it take?**

**Tournament planning committee (comprised of parent volunteers) typically begin meeting roughly eight months prior to event date.**

**18. Coordination – What other organizations are working on the project/event? How will coordination be accomplished?**

**This event is run solely by OP Eagles Soccer Club.**

**19. Evaluation – By what criteria will the success or failure of the project/event be measured? What are the methods and dates of evaluation?**

**We seek participant, committee, vendor, etc. feedback for continued improvement via mass email. Our best feedback comes from the number of clubs that participate in the tournament every year.**

**20. Letters of support, articles or data relating to the project may be included as appendices.**

**Attachments include:**

**-Economic impact of tournament as provided by Dublin Convention and Visitors Bureau.**

**-Brochure which features OP Soccer Club on the cover.**

**-Letter from Board of Directors approving grant request.**



116 Carver Road, Suite 100 Cincinnati, OH 45242  
13) 281-3888 [NASC@SportsCommissions.org](mailto:NASC@SportsCommissions.org)

Back

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#### Direct Spending by Event Spectators

**These are your event attendee estimates by category and total.**

Non-Local Attendance: 1,625

Tickets: \$0

Non-Local Parties: 181

Concessions: \$0

Merchandise: \$0

Food & Beverage: \$28,889

Parking: \$0

Total # Of Room Nights: 271

Private Auto (Gas/Repairs): \$0

Direct Hotel Expenditures: \$27,896

Retail / Shopping: \$19,861

Direct Rental Car Expenditures: \$0

Entertainment: \$7,222

Miscellaneous: \$10,472

Direct Spending: \$94,340

#### Direct Spending by Visiting Event Participants

**These results account for impact caused by visiting event participants.**

Non-Local Visiting Event Participants: 1,625

Total # Of Room Nights: 611

Food & Beverage: \$97,500

Direct Hotel Expenditures: \$62,933

Retail / Shopping: \$65,000

Direct Rental Car Expenditures: \$0

Entertainment: \$65,000

Miscellaneous: \$65,000

Direct Spending By Visiting Event Participants: \$355,433

#### Direct Spending Results

**Finally, here are your summaries and results.**

Direct Spending By Event Spectators: \$94,340

Direct Spending By Visiting Event Participants: \$355,433

Direct Spending From Other Non-Local Sources: \$0

Direct, Gross Spending: \$449,773

## Hotel / Motel Tax

The City's Director of Taxation reviews the application for completeness and accuracy and in some cases will meet with the applicant prior to their submitting a formal grant request. Once the Director of Taxation determines the application is complete and ready for review, it is then given to the City Council Finance Committee. The Committee considers requests and makes recommendations to Dublin City Council.

Applicants are encouraged to attend these review meetings. A meeting notice will be mailed to applicants. Approval or disapproval of the Finance Committee's recommendation to grant/deny funds is made by City Council. Applicants can watch the City Council meeting live on the City's website, [www.dublin.oh.us](http://www.dublin.oh.us).

## Grant Follow-up Report

Organizations receiving grants must complete and submit a Grant Follow-up Report within 30 days after the event or upon completion of the project. This report documents how the funds were spent; the funds must be spent solely on the event or project for which the grant was sought. The report should also document how the City's logo was incorporated into the organization's event or project. The grant will be rescinded if the Grant Follow-up Report is not submitted within 30 days. The Grant Follow-up Report Form, along with all the information in this brochure, is available at the City's website: [www.dublin.oh.us/taxgrant](http://www.dublin.oh.us/taxgrant).

### Send Applications:

Faye Gibson  
Director of Taxation  
5200 Emerald Parkway  
Dublin, Ohio 43017  
Phone: 614-410-4430  
Fax: 614-923-5539

Ten (10) copies of applications must be received no later than 5 p.m., Friday, Nov. 5 for consideration for a grant.

### Dublin City Council

#### At-Large Council Members

Marilee Chinnici-Zuercher  
Richard S. Gerber  
Michael H. Keenan

#### Ward Council Members

Cathy A. Boring (Ward 1)  
Vice Mayor - Amy J. Salay (Ward 2)  
John G. Reiner (Ward 3)  
Mayor - Timothy A. Lecklider (Ward 4)

#### Interim City Manager

Marsha Grigsby

## City of Dublin

# Hotel / Motel Tax Grant Application & Process



[www.dublin.oh.us/taxgrant](http://www.dublin.oh.us/taxgrant)



CITY OF DUBLIN..

City of Dublin  
Department of Finance  
5200 Emerald Parkway  
Dublin, Ohio 43017  
614-410-4400 (phone)  
614-761-6535 (fax)  
[www.dublin.oh.us](http://www.dublin.oh.us)



CITY OF DUBLIN..

# BAILEY CAVALIERI LLC

ATTORNEYS AT LAW

One Columbus 10 West Broad Street, Suite 2100 Columbus, Ohio 43215-3422  
telephone 614.221.3155 facsimile 614.221.0479  
www.baileycavalieri.com

direct dial: 614.229.3206  
e-mail: Thomas.Geyer@BaileyCavalieri.com

October 24, 2012

Faye Gibson  
Director of Taxation  
City of Dublin  
5200 Emerald Parkway  
Dublin, Ohio 43017

Re: Ohio Premier Soccer Club Hotel/Motel Tax Grant Application

Dear Ms. Gibson:

I write on behalf of the Ohio Premier Soccer Club ("OP") regarding the City of Dublin's Hotel/Motel Tax Grant Program. I write to advise you that the OP Board has authorized an application for Hotel/Motel Tax Grant in connection with the Ohio Premier International soccer tournament.

Thank you in advance for your consideration. Please let me know if you have any questions.

Sincerely,

BAILEY CAVALIERI LLC



Thomas E. Geyer

TEG/lae

**Form W-9**  
(Rev. October 2007)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above  
**OHIO PREMIER GIRLS' SOCCER CLUB OF DUBLIN OH INC**

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  Exempt payee  
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
**P.O. Box 56**

City, state, and ZIP code  
**DUBLIN, OH 43017**

Requester's name and address (optional)

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number  
**311284150**

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person *Keith Underhill* Date *1/11/15*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

P. O. BOX 2508  
CINCINNATI, OH 45201

Date: FEB 6 1990

THE SHAHROCK SOCCER CLUB INC  
5964 WHITTINGHAM DR  
DUBLIN, OH 43017

Employee Identification Number:  
Applied For  
Contact Person:  
CARRIE M. TOTTEN  
Contact Telephone Number:  
(513) 684-3578

Accounting Period Ending:  
December 31  
Foundation Status Classification:  
509(a)(2)  
Advance Ruling Period Begins:  
November 20, 1989  
Advance Ruling Period Ends:  
December 31, 1993  
Addendum Applies:  
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(2).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and contributors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until the Service makes a final determination of your foundation status.

Letter 1045(DO/CG)

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**THE SHAMROCK SOCCER CLUB INC**

If notice that you will no longer be treated as a publicly supported organization is published in the Internal Revenue Bulletin, grantors and contributors may not rely on this determination after the date of such publication. In addition, if you lose your status as a publicly supported organization and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that the Service had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date such knowledge was acquired.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

You are required to file Form 990, Return of Organization Exempt From Income Tax, only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the head-

Letter 1045(DO/CG)

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## THE SHAMROCK SOCCER CLUB INC

ing to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Harold M. Browning  
District Director

Enclosure(s):  
Form 872-C

Letter 1045(00/CG)

OHIO PREMIER GIRLS SOCCER CLUB OF  
X MICHAEL T RADCLIFFE  
41 S HIGH ST STE 2800  
COLUMBUS OH 43215-6109009

Taxpayer Identification Number: 31-1284756  
Tax Period(s): Dec. 31, 2002

Form: 990PF

Dear Taxpayer:

Thank you for the inquiry of May 18, 2004.

That office handles tax exempt organization matters.

That office will contact you within 60 days.

If you have any questions, please call Ms. C. Larson at 801-620-5521 between the hours of 7:00 AM and 3:00 PM MDT. If the number is outside your local calling area, there will be a long-distance charge to you.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter with your response. Use the space below to indicate a telephone number and the best time for us to call you should we need more information. Keep a copy of this letter and any information that you send to us for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

A copy of this letter and any referenced enclosures have been forwarded to your authorized representative(s).

# Application for Employer Identification Number

Official Use Only

(Rev. August 1988)  
Department of the Treasury  
Internal Revenue Service

(For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.

OMB No. 1545-0003  
Expires 7-31-91

1 Name of applicant (True legal name. See instructions.)  
**Shamrock Soccer Club, Inc.**

2 Trade name of business if different from item 1  
**Shamrock Soccer Club, Inc.**

3 Executor, trustee, "care of name"  
**Michael T. Radcliffe**

4 Mailing address (street address) (room, apt., or suite no.)  
**41 South High Street, Suite 2900**

5 Address of business, if different from item 4. (See instructions.)  
**5964 Whittingham Drive**

4a City, state, and ZIP code  
**Columbus, Ohio 43215**

5a City, state, and ZIP code  
**Dublin, Ohio 43017**

6 County and State where principal business is located  
**Franklin County, Ohio**

7 Name of principal officer, grantor, or general partner. (See instructions.) ▶ **Michael T. Radcliffe, Attorney**

8 Type of entity (Check only one.) (See instructions.)  
 Individual SSN \_\_\_\_\_  
 REMIC  
 State/local government  
 Other nonprofit organization (specify) **Applying for 501(c)(3)**  
 Farmers' cooperative  
 Estate  
 Other (specify) ▶ \_\_\_\_\_  
 Plan administrator SSN \_\_\_\_\_  
 Partnership  
 Personal service corp.  
 National guard  
 Other corporation (specify) \_\_\_\_\_  
 Federal government/military  
 Church or church controlled organization  
If nonprofit organization enter GEN (if applicable)

8a If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country \_\_\_\_\_ State **Ohio**

9 Reason for applying (check only one)  
 Started new business  
 Hired employees  
 Created a pension plan (specify type) ▶ \_\_\_\_\_  
 Banking purpose (specify) ▶ \_\_\_\_\_  
 Changed type of organization (specify) ▶ \_\_\_\_\_  
 Purchased going business  
 Created a trust (specify) ▶ \_\_\_\_\_  
 Other (specify) ▶ **Created Soccer Club**

10 Business start date or acquisition date (Mo., day, year) (See instructions.)  
**November 20, 1989**

11 Enter closing month of accounting year (See instructions.)  
**December 31**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year).  
▶ **N/A**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."  
Nonagricultural **0** Agricultural **0** Household **0**

14 Does the applicant operate more than one place of business? . . . . .  Yes  No  
If "Yes," enter name of business. ▶ \_\_\_\_\_

15 Principal activity or service (See instructions.) ▶ **Non-profit educational**

16 Is the principal business activity manufacturing? . . . . .  Yes  No  
If "Yes," principal product and raw material used. ▶ \_\_\_\_\_

17 To whom are most of the products or services sold? Please check the appropriate box.  
 Public (retail)  Other (specify) ▶ \_\_\_\_\_  Business (wholesale)  
 N/A

18 Has the applicant ever applied for an identification number for this or any other business? . . . . .  Yes  No  
Note: If "Yes," please answer items 18a and 18b.

18a If the answer to item 18 is "Yes," give applicant's true name and trade name, if different when applicant applied.  
True name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

18b Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.  
Approximate date when filed (Mo., day, year) \_\_\_\_\_ City, and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.  
Telephone number (include area code) \_\_\_\_\_

Name and title (please type or print clearly) ▶ **Michael T. Radcliffe, Esq.** (614) 227-2000

Signature ▶ *Michael T. Radcliffe* Date ▶ **November 20 1989**

Please leave blank ▶ Geo. \_\_\_\_\_ Ind. \_\_\_\_\_ Class \_\_\_\_\_ Reason for applying \_\_\_\_\_