

# OHIO BUREAU OF EMPLOYMENT SERVICES

Attention: Contribution Department  
145 South Front Street, P.O. Box 923  
Columbus, Ohio 43216-0923  
(614) 466-2319

## ACQUISITION OF BUSINESS

1 .a. Former Owner's Name	1 .b. Former Owner's OBES Account # (if known)
1.c. Former Owner's Current Address (if known)	1 .d. Former Owners Telephone # (if known)

1 .e. Address of business acquired (street) (city) (state) (zip)

2. How did you acquire the business?

<input type="checkbox"/> Purchase	<input type="checkbox"/> Lease	<input type="checkbox"/> incorporation	<input type="checkbox"/> Partner Addition
<input type="checkbox"/> Rental	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Merger	<input type="checkbox"/> Partner Withdrawal
<input type="checkbox"/> Court order: (Name of Court) (Case #) (Title)			
<input type="checkbox"/> Liquor Permit Transfer: (Permit #) (Transfer Date)			
<input type="checkbox"/> Other (explain):			

3. Attach a copy of the agreement or contract related to the acquisition of the business.

4.a. On what date did you acquire the business?	4.b. Was the business being operated in Ohio at the time of acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.c. If no, when did the former owner cease operation:	5.a. Did you acquire all of the former owner's business locations in Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No

5.b. If no, list the business locations the former owner still operates in Ohio (If not sufficient space, attach supplemental sheet):  
(trade name) (street) (city) (state) (zip)

6.a. Did you acquire 100% of the former owner's business assets in Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No	6.b. If no, list the assets of the former owner's business in Ohio you did not acquire (include accounts receivable).
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7. Person in charge of payroll records and address where payroll records are kept.  
(trade name) (street) (city) (state) (zip) (telephone #)

CERTIFICATION: I hereby certify that the information given in this report is true to the best of my knowledge and belief.  
(acquiring employer's name) (OBES account no. , if any) (telephone #)

(employer signature)	(title)	(date)
(street)	(city)	(state) (zip)

INFORMATION FURNISHED ON THIS REPORT WILL BE USED TO DETERMINE LIABILITY FOR CONTRIBUTIONS UNDER THE OHIO UNEMPLOYMENT COMPENSATION LAW.

Prepared by: \_\_\_\_\_

**PLEASE SEE REVERSE SIDE FOR LAW AND RULES APPLICABLE TO THE TOTAL AND PARTIAL TRANSFER OF EMPLOYMENT EXPERIENCE.**