

Department of Taxation

P.O. Box 182215 Columbus, OH 43218-2215 (888) 405-4089



ST 1T Rev. 9/19 Application for Transient Vendor's License

					rtment use only)			
F€	ederal Employer Identification No Check type of ownership: Single member LLC	Sole owner	Social Security Nun Partnership C specify)	orporation No	onprofit	tary of State Ei	LTD	
2.		When did you or will you begin providing taxable sales in the state of Ohio? (MM/DD/YY)						
3.	Are you obtaining this licens place of business? Yes	se to make sale No	es at a temporary p	lace of business		·		
1.	Provide NAICS code and state nature of business activity NAICS on our Web site at						ent listings, search site at tax.ohio.go v	
5.	Legal name							
3.	Trade name or DBA							
7.	Primary addressAddress of cor	rporation, sole owne	er, partnership, etc.	City		State	ZIP code	
	Business phone number		Fax number		Se	Secondary phone number		
3.	Mailing address(If different from			City		State	ZIP code	
9.	How much sales tax do you	,	ect each month?	Less than \$200	3 \$200	or greater	ZII COUC	
10.	f you operate as a corporation, LLC, or partnership, list appropriate names, addresses and identification numbers below.							
7	Title Name	Street	City	State	ZIP code	SSN / ITIN / FEIN		
7	Title Name	Street	City	State	ZIP code	SSN / ITIN / FEIN		
11.	Title Name Street City State ZIP code SSN / ITIN / FEIN Name, phone number, fax number and e-mail address of individual the department should contact regarding this account.							
Ī	Name		Phone number	Fax number	Fax number		E-mail address	
Date	e Signati	ure of applican	t					
	e for this license - \$25 (made address above	de payable to	Ohio Treasurer o	f State). Send th	e original a	pplication and	I \$25 fee to	

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.



