



**Department of Taxation**

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



07100100

**ST 1T** Rev. 9/19

**Application for Transient Vendor's License**

Vendor license no.          
(For department use only)

Federal Employer Identification Number      Social Security Number / ITIN      Secretary of State Entity Number  
1. Check type of ownership:    Sole owner    Partnership    Corporation    Nonprofit    LLC    LLP    LTD  
    Single member LLC    Other (please specify) \_\_\_\_\_

2. When did you or will you begin providing taxable sales in the state of Ohio? (MM/DD/YY) \_\_\_\_\_

3. Are you obtaining this license to make sales at a temporary place of business in a county in which you have no fixed place of business?    Yes    No

4. Provide NAICS code and state nature of business activity \_\_\_\_\_ (For the most current listings, search NAICS on our Web site at [tax.ohio.gov](http://tax.ohio.gov).)

5. Legal name \_\_\_\_\_  
(Corporation, sole owner, partnership, etc.)

6. Trade name or DBA \_\_\_\_\_

7. Primary address \_\_\_\_\_  
    Address of corporation, sole owner, partnership, etc.      City      State      ZIP code

    \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
    Business phone number      Fax number      Secondary phone number

8. Mailing address \_\_\_\_\_  
(If different from above)      City      State      ZIP code

9. How much sales tax do you expect to collect each month?    Less than \$200    \$200 or greater

10. If you operate as a corporation, LLC, or partnership, list appropriate names, addresses and identification numbers below.

\_\_\_\_\_  
Title      Name      Street      City      State      ZIP code      SSN / ITIN / FEIN

\_\_\_\_\_  
Title      Name      Street      City      State      ZIP code      SSN / ITIN / FEIN

\_\_\_\_\_  
Title      Name      Street      City      State      ZIP code      SSN / ITIN / FEIN

11. Name, phone number, fax number and e-mail address of individual the department should contact regarding this account.

\_\_\_\_\_  
Name      Phone number      Fax number      E-mail address

\_\_\_\_\_  
Date      Signature of applicant

**Fee for this license - \$25 (made payable to Ohio Treasurer of State).** Send the original application and \$25 fee to the address above

**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.