



STATE OF OHIO
DEPARTMENT OF TAXATION
P. O. BOX 530
COLUMBUS, OHIO 43266-0030

FORM ST 1-D
DEPARTMENT USE ONLY

LICENSE NUMBER ASSIGNED	
90 -	
EFFECTIVE DATE	FILING METHOD
	06

APPLICATION FOR
DELIVERY VENDOR'S LICENSE

Section 5739.17 (D) of the Ohio Revised Code provides for a delivery vendor's license where all sales subject to the sales tax are considered made at the point of delivery.

I/we herewith make application to the Tax Commissioner of the State of Ohio for a delivery vendor's license. (For sole owner, print individuals name; for partnership, print full names of all partners; for corporation, print corporation's name and Ohio charter number. If a foreign corporation, print the certificate number issued by the Secretary of State authorizing transaction of business in Ohio pursuant to Section 1703.01, O.R.C.).

***** QUESTIONNAIRE ON REVERSE SIDE MUST BE COMPLETED *****

NAME _____ CHARTER # _____

DBA (TRADE NAME) _____

ADDRESS SHOWN MUST BE ADDRESS WHERE TAX RECORDS ARE MAINTAINED

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE NUMBER _____

SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER

0 - SOCIAL SECURITY		

1 - FEDERAL EMPLOYER IDENTIFICATION NUMBER	

TYPE OF OWNERSHIP - CHECK ONE

0. CORPORATION 1. SOLE OWNER 2. PARTNERSHIP 3. FIDUCIARY 4. ASSOCIATION 5. BUSINESS TRUST

CORPORATION INFORMATION: OFFICER'S NAMES AND HOME ADDRESSES

PRESIDENT
NAME _____ STREET _____ CITY _____ STATE _____

VICE-PRES.
NAME _____ STREET _____ CITY _____ STATE _____

SECY/TREAS.
NAME _____ STREET _____ CITY _____ STATE _____

DESCRIBE TYPE OF PRODUCT OR SERVICE DELIVERED _____

WHEN DID YOU OR WILL YOU START MAKING TAXABLE SALES _____

I HEREBY DECLARE THE ABOVE TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF VENDOR OR AGENT _____ DATE _____

FEE FOR THIS LICENSE \$25.00

MONTHLY RETURNS REQUIRED

Send original application to the above address along with the \$25.00 application fee payable to the Treasurer of State of Ohio.

DUPLICATE TO BE RETAINED BY APPLICANT

**** IMPORTANT ****

Please read the information provided with this application concerning a delivery vendor's license before you complete the questionnaire and application. Completion of the questionnaire will enable the Department of Taxation to determine if you qualify as a delivery vendor. If you do not complete the questionnaire, a delivery vendor's license cannot be issued.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS

1) Do you have a store, showroom or similar location where your customers can regularly purchase or select merchandise or services, pick-up merchandise, or have an item repaired or installed?

() YES () NO

2) Do you make sales at temporary locations, such as county fairs, shopping malls, flea markets, motel rooms, arts and crafts shows, etc.?

() YES () NO

3) Do you sell warranties, maintenance agreements, or service contracts on items sold at your store or showroom?

() YES () NO

4) Do you rent or lease motor vehicles, titled watercraft or titled outboard motors to others?

() YES () NO

5) Do you provide landscaping or lawn care service; private investigation and security service; exterminating service; building maintenance and janitorial service; employment service; or employment placement service?

() YES () NO

6) Do you carry a stock of goods in or on a motor vehicle and make sales to customers directly from the vehicle?

() YES () NO

7) Can your customer come to your business address and pick-up merchandise?

() YES () NO

8) Is your product always delivered by your vehicles, U.S. Mail or by common carrier?

() YES () NO

9) Briefly describe your business and method of operation
