STATE OF OHIO
DEPARTMENT OF TAXATION
P.O. BOX 182215, COLUMBUS, OH 43218-2215

Prescribed Sales Tax Form
ST 1-T (Rev. 9/00)

FOR STATE USE ONLY	
License Number Assigned	
Effective Date	Filing Method

APPLICATION FOR TRANSIENT VENDOR'S LICENSE

Section 5739.17 of the Ohio Revised Code provides for a transient vendor's license when the person who, in the usual course of his business, **transports inventory, stock of goods, or similar personal property to a temporary place of business in a county in which he has no fixed place of business,** for the purpose of making retail sales of such property.

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

_____ # _____
name corporation charter

_____
trade name or dba if other than above

Address shown must be vendor's residence or permanent business location

_____
street address

_____
city state zip code telephone no

Mailing address (if other than above)

_____
street address

_____
city state zip code

Federal Employer Identification Number or if none assigned for reporting Federal Taxes, please enter your Social Security Number.

Federal Identification No.

Social Security No.		

Check type of ownership: 0. ❑ Corporation 1. ❑ Sole Owner 2. ❑ Partnership
3. ❑ Fiduciary 4. ❑ Association

If a corporation, partnership or partners, show officers' names and addresses below.

President/Partner _____
name street city/state

Vice-Pres./Partner _____
name street city/state

Secy/Treas./Partner _____
name street city/state

When did you or will you start transient operation _____
month day year

Type of Business or items sold _____

Provide Vendor's License Number for each fixed place of Business in Ohio _____

_____
If additional space is required, use reverse side

I hereby declare the above to be true and correct to the best of my knowledge and belief.

Date _____, 19 ____ _____
signature of vendor or agent

Fee for this license -- $25.00

Send original application and $25.00 fee made payable to Treasurer of State to Ohio Department of Taxation, Registration Unit, P.O. Box 182215, Columbus, OH 43218-2215