

## 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

						ndor license n department use on			
F 1.	ederal Employer Id Check type of ov	vnership:	lumber Sole owner	Social Security Partnership	Number / ITIN Corporation	Sec Nonprofit	retary of State E	ntity Number LTD	
	Single meml								
2.	When did you o	r will you be	egin providing	taxable sales ir	the state of Ohio	o? (MM/DD/Y`	Y)		
3.	Are you obtaining place of business	· =	se to make sa No	ales at a tempor	ary place of busii	ness in a cour	nty in which you	ı have no fixed	
4.	Provide NAICS	ovide NAICS code and state nature of business activity NAICS on our Web site at tax.ohio.gov							
5.	Legal name (Cor	poration, sole o	wner, partnership	, etc.)			Annual Maria		
6.						·			
7.	Primary address	S Address of co	orporation, sole ov	vner, partnership, etc.	City	<u></u>	State	ZIP code	
	Business phone number			Fax number			Secondary phone number		
8.	Mailing address	(If different from	n above)		City		State	ZIP code	
9.	How much sale	s tax do you	expect to co	llect each month	n? Less than	\$200 \$20	0 or greater		
10.	If you operate as	s a corporati	on, LLC, or pa	ırtnership, list app	propriate names, a	addresses and	l identification n	umbers below.	
	Title Nam	e	Street	. ; Ci	ty State	e ZIP code	SSN/	SSN / ITIN / FEIN	
	Title Nam	e	Street	Ci	ty State	ZIP code	SSN/	SSN / ITIN / FEIN	
	Title Nam		Street	Ci	•			ITIN / FEIN	
11.	Name, phone n account.	umber, fax ı	number and e	e-mail address o	f individual the de	epartment sho	ould contact reg	jarding this	
	Name		Phone number			Fax number		E-mail address	
Dat	e	Signat	ture of applica	ant					
	e for this licens e address above	e - \$25 (ma	ide payable t	to Ohio Treasur	er of State). Ser	nd the original	application an	d \$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.

