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

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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.**)
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

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 - $50 (made payable to Ohio Treasurer of State). Send the original application and $50 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.