



FOR STATE USE ONLY	
Account Number Assigned	
Effective Date	Filing Frequency

Application for Transient Vendor's License

Please print. Federal employer identification no. Social security no. Ohio corporate charter no.

If you are a foreign corporation, give Ohio certificate number.

- Check type of ownership: (10) Sole owner (20) Partnership (30) Corporation (40) Association
 (50) LLC (60) Fiduciary (70) LLP (80) LTD (100) Business trust
- When did you or will you begin making taxable sales in Ohio? (mm/dd/yy)
- 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
- Provide NAICS code and state nature of business activity. (For most current NAICS listing, visit us at www.tax.ohio.gov)

5. Legal name _____
 (Corporation, sole owner, partnership)

6. Trade name or DBA _____

7. Primary address _____
Home/office address of corporation, sole owner or partnership City State ZIP
(Home/office phone no.) (Home/office fax no.) (Business phone no.)

8. Mailing address _____
(If different from above) City State ZIP

9. How much sales tax do you expect to collect each month? (06) Less than \$200 (01) \$200 or greater

10. If this application is for a new registration due to change in ownership, please list the old account number.

11. If you operate as a corporation or partnership, list appropriate names, addresses and social security numbers below.

President/Partner _____	<input type="text"/>
<small>Name Street City State ZIP</small>	<small>Social security no.</small>
Vice-Pres/Partner _____	<input type="text"/>
<small>Name Street City State ZIP</small>	<small>Social security no.</small>
Secy/Treas/Partner _____	<input type="text"/>
<small>Name Street City State ZIP</small>	<small>Social security no.</small>

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

 Date Signature of owner or officer of company

Fee for this license – \$25 (made payable to Ohio Treasurer of State). Send the original application and \$25 fee to: Ohio Department of Taxation, Registration Unit, P.O. Box 182215, Columbus, OH 43218-2215. Retain a copy for your records.