



Ohio Department of TAXATION

P.O. Box 182215 • Columbus, OH 43218-2215
tax.ohio.gov • Fax: (614) 387-1851

FOR STATE USE ONLY	
Account Number Assigned	
90-	
Effective Date	Filing Frequency

ST 1D
Rev. 12/04

Check Digit

Application for Delivery Vendor's License

Please print.

Federal employer identification no.	Social security no.	Ohio corporate charter no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

1. Check type of ownership: (10) Sole owner (20) Partnership (30) Corporation (40) Association
(50) LLC (60) Fiduciary (70) LLP (80) LTD (100) Business trust

2. When did you or will you begin providing taxable sales in the state of Ohio? (mm/dd/yy)

3. Provide NAICS code and state nature of business activity. (For the most current NAICS listings, visit us at tax.ohio.gov.)

4. Legal name _____

5. Trade name or DBA _____
(If partnership, list names)

6. Primary address _____
(Home/office address of corporation, sole owner or partnership) City State ZIP

(Home/office phone no.) _____ (Home/office fax no.) _____

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

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

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

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

President/Partner	Name	Street	City	State	ZIP	Social security number
						<input type="text"/>
Vice-Pres/Partner	Name	Street	City	State	ZIP	Social security number
						<input type="text"/>
Secy/Treas/Partner	Name	Street	City	State	ZIP	Social security number
						<input type="text"/>

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.

Questionnaire on page 2 must be completed.

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 craft 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_____
