Ohio Department of TAXATION
P.O. Box 182215 ● Columbus, OH 43218-2215
tax.ohio.gov ● Fax: (614) 387-1851

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Rev. 4/06

Check Digit

# 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. ___

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 making taxable sales in 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 most current NAICS listing, visit us at ***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 _____ Social security no. ___
Name Street City State ZIP

Vice Pres/Partner _____ Social security no. ___
Name Street City State ZIP

Secy/Treas/Partner _____ Social security no. ___
Name Street City State ZIP

**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.