



**Department of
Taxation**

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



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Rev. 12/09

**Application for
Transient Vendor's License**

Vendor's license no.
(For department use only)

Federal employer identification no.

Social Security no. / ITIN

Ohio corporate charter no. / certificate no.

1. Check type of ownership: (10) Sole owner ☐ (20) Partnership ☐ (30) Corporation ☐ (150) Nonprofit ☐
(50) LLC ☐ (70) LLP ☐ (80) LTD ☐ Other (please specify) _____

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 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 no.

Fax no.

Secondary phone no.

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 or partnership, list appropriate names, addresses and identification numbers below.

Title Name Street City State ZIP code

SSN / ITIN / FEIN

Title Name Street City State ZIP code

SSN / ITIN / FEIN

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 no.

Fax no.

E-mail address

Date

Signature of applicant

Fee for this license – \$25 (made payable to Ohio Treasurer of State). Send the original application and \$25 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.