State of Ohio
DEPARTMENT of TAXATION
P.O. Box 182215, Columbus, OH 43218-2215

Prescribed Sales Tax Form
ST 1-T (Rev. 9/00)

FOR STATE USE ONLY	
License Number Assigned	
Effective Date	Filing Method

APPLICATION FOR TRANSIENT VENDOR'S LICENSE

Section 5739.17 of the Ohio Revised Code provides for a transient vendor's license when the person who, in the usual course of his business, transports inventory, stock of goods, or similar personal property to a temporary place of business in a county in which he has no fixed place of business, for the purpose of making retail sales of such property,

I/we herewith make application to the Tax Commissioner of the State of Ohio for a transient vendor's license. (For sole owner, print individual's name; for partnership, print full names of all partners; for Corporation, print corporation's name and Ohio Corporation Charter number. If a foreign corporation, certificate number issued by Secretary of State authorizing transaction of business in Ohio. Section 1703.01 O. R. C..)

_____ # _____
Name — Corporation Charter

trade name or dba if other than above

Address shown must be vendor's residence or permanent business location

_____
street address

_____
City — state — zip code — telephone no

Mailing address (if other than above)

_____
street address

_____
City — state — Zip code

Federal Employer Identification Number or if none assigned for reporting Federal Taxes, please enter your Social Security Number.

Federal Identification No.

Social Security No		

Check type of ownership: 0. ☐ Corporation 1. ☐ Sole Owner 2. ☐ Partnership
3. ☐ Fiduciary 4. ☐ Association

If a corporation, partnership or partners, show officers' names and addresses below,

President/Partner _____
name — street — city/state

Vice- Pres./Partner _____
name — street — city/state

Secy/TreaS./Partner _____
name — street — city/state

When did you or will you start transient operation _____ / _____ / _____
month — day — year

Type of Business or items sold

Provide Vendor's License Number for each fixed place of Business In Ohio

if additional space is required, use reverse side

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

Date _____ 20 ___ _____
signature of vendor or agent

Fee for this license -- $25.00

Send original application and $25 00 fee made payable to Treasurer of State to
Ohio Department of Taxation, Registration Unit, P O Box 182215, Columbus, OH 432 18-22 15