Attention

In accordance with H.B. 562, effective January 2009, the Ohio Department of Taxation began mandatory electronically filing of sales tax returns. It states that each person who has or is required to have a vendor's license shall make and file a return using electronic means. The primary system of use is the Ohio Business Gateway (OBG) and secondary is the Ohio TeleFile system.

As vendors are required to file returns electronically, we strongly recommend that you apply for the vendor account electronically through OBG. This will prepare you for filing by having the OBG registration process completed, and filing of the return will be limited to a log-in and completion of the return.

Please use the link below to obtain your vendor's account immediately through the OBG.

https://ohiobusinessgateway.ohio.gov/

If you require assistance, the following link will provide a Self Help eLibrary with video tutorials, including "Register to Use OBG" and "Sales Tax Registration."

http://www.tax.ohio.gov/self_help/self_help_obg.aspx

*Note: The processing of a paper application may take up to six weeks. If you wish to complete the application through the mail, please use the link below to obtain a copy of the paper application for the appropriate account type.

http://www.tax.ohio.gov/portals/0/sales and use/st st1t12 09.pdf



Department of Taxation

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



ST 1T Rev. 12/09 Application for

Transient Vendor's License

	3)	88) 405-4089			s license n				
Fed	deral employer ident	ification no.	Social Security no. /	ITIN	Ohio cor	porate char	ter no. / c	ertifica	ate no.
	Check type of ownership: (10) Sole owner (20) Partnership (30) Corporation (150) Nonprofit (50) LLC (70) LLP (80) LTD (00) Other (please specify)								
2. Whe	en did you or will y	ou begin making taxable	sales in Ohio? (M	IM/DD/YY)					
		is license to make sale ness? Yes No	s at a temporary	place of bu	usiness in	-		•	
4. Prov	ovide NAICS code and state nature of business activity——————————————————————————————————							earch io.gov.)	
5. Lega	al name(Corporation,	sole owner, partnership, etc.)							
6. Trad	le name or DBA _								
7. Prim	nary address	s of corporation, sole owner, part	nership, etc.	City		State		ZIP cod	e
_	Business pho	one no.	Fax no.			Secondary	phone no.		_
8. Mailing address(If different		rent from above)		City		State		ZIP code	
9. How	much sales tax d	o you expect to collect ea	ach month? Less	than \$200 🗌] \$200 or	greater _			
10. If yo	ou operate as a co	rporation or partnership, I	ist appropriate na	mes, addres	ses and id	entification	number	s belo)W.
 Title	Nama	Chroch	City	State	ZIP code				
ritie	Name	Street	City	State	ZIP code		SN / ITIN /	FEIN	$\overline{}$
Title	Name	Street	City	State	ZIP code	S	SN / ITIN /	FEIN	
Title	Name	Street	City	State	ZIP code	S	SSN / ITIN / FEIN		
11. Nam coun	•	fax number and e-mail	address of individ	lual the depa	irtment sho	ould contac	ct regard	ding th	nis ac-
Name		Phone no.		Fax no.		E-mail address			
 Date		Signature of applicant							
	r this license – \$ dress above.	25 (made payable to O	hio Treasurer of	State). Send	I the origin	al applicat	ion and	\$25 f	ee to

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 informa-

tion. We need your Social Security number in order to administer this tax.