



Department of Taxation

P.O. Box 530
Columbus, OH 43216-0530

TR 1
Rev. 4/08

Application for Tire Distributor License

Name of business			FEIN
DBA			Social Security number
Street			Telephone number
City	State	ZIP code	Fax number

1. Mailing address if different from above _____

2. Business structure:

Sole owner Partnership Corporation Fiduciary Association Other

3. Date of first taxable sale _____

4. Type of business:

Wholesale Retail Broker Importer

If wholesale/retail, percentage of each: Wholesale ____% Retail ____%

5. List on the reverse side each location covered by this application.

6. List below the titles, names and addresses of all corporate officers, association officers or partners.

Title	Name	Address	Social Security No.

Federal Privacy Act

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.

I declare under penalties of perjury that the above statements have been examined by me and to the best of my knowledge and belief are true, complete, and correct.

Signature _____ Title _____ Date _____

This is NOT an annual license. The license is in effect until you cease business. Mail application to the Ohio Department of Taxation, Excise Tax Section, P.O. Box 530, Columbus, OH 43216-0530. If you have any questions regarding this application, please call (855) 466-3921.

Please list street, city, state and ZIP code.

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