

AFFIDAVIT

DATE _____

To: Ohio Department of Taxation

Re: Vendor's License # _____

The above-referenced vendor's license should be cancelled for the following reason (check one):

- The vendor's license was never used. Please cancel the license effective on the date of application.
- The last date of business was _____. Please cancel effective this date.

Thank you,

_____(PRINT NAME)

Sworn to and subscribed before me this _____ day of _____ in the year _____.

NOTARY PUBLIC