

STATE OF OHIO CERTIFICATE OF EXEMPTION

SECTION 1 - IDENTIFICATION OF SELLER (Restaurant Equipppers, Inc.)

The undersigned hereby claims exemption on its purchases of tangible personal property from **"RESTAURANT EQUIPPERS, INC."** on or after the date indicated below, and certifies that his claim is based upon the purchaser's proposed use of the items being purchased, the activity of the purchaser, or both, as indicated below.

SECTION 2 - TYPE OF CERTIFICATE (Check One)

- This is to be used as a BLANKET CERTIFICATE OF EXEMPTION for all future purchases.
 This is to be used as a UNIT CERTIFICATE OF EXEMPTION for the attached purchase only.

SECTION 3 - TYPE OF EXEMPTION (Check Statutory Reason for Exemption)

Food Service Operator (for Human Consumption for sale)

- A sale to persons licensed to conduct a food service operation pursuant to section 3717.43 of the Ohio Revised Code, for tangible personal property primarily used directly for the following:
- a. PREPARE FOOD for human consumption for sale
 - b. PRESERVE FOOD that has been or will be prepared for consumption for sale
 - c. CLEAN TANGIBLE PERSONAL PROPERTY used to PREPARE or SERVE food for human consumption for sale.
- (Caution: If any items purchased via this certificate are NOT used directly in PREPARING and PRESERVING food for human consumption... or not USED IN CLEANING tangible personal property used in preparing and serving food for human consumption... the provider of such certificate has a responsibility to file and pay USE TAX as required by the State of Ohio.)*

Resale

- A sale for the purpose of RESALE in the form in which received.

Government

- A sale for to a Governmental Body, Agency, Instrumentality, or Political Subdivision of the United States Government, the State of Ohio, or any other State or their municipalities.

Exempt Organization

- A sale to a church.
 Purchase by a 501(3)C organization.

Direct Payment Holder

- A sale to a holder of an OHIO DIRECT PAY PERMIT. Permit Number _____

SECTION 4 - IDENTIFICATION OF PURCHASER (Complete in Full)

_____	_____
(Business name)	(By - Signature)
_____	_____
(Purchaser Activity -i.e. Restaurant, School, Church, Charity, Etc.)	(Title of Signatory)
_____	_____
(Purchaser's Street Address)	(Date Signed: Must be within 30 Days of Transaction Date)
_____	_____
(Purchaser's City, State, Zip)	(Vendor's License, if any - Required for "Resale" and "Food Service Operator")