



**Business Name & Classification**

Legal Name:

Alias/DBA:

Web Address:

Federal ID Number:  or Social Security Number:

Type of Business:     Individual                       Sole Proprietorship  
                                  Partnership                       Incorporated, Limited Liability Company

M/WBE:  Yes (submit M/WBE Declaration form)     No

***\*\*\*You must attach a "Certificate of Good Standing from the Division of Corporations\*\*\****

**Address Information**

*(Purchase orders & payment will be sent to this address unless you indicate otherwise)*

Address:

Contact Person & Title:

Telephone Number:                       Fax Number:

Alternate Phone:                       Alternate Fax:

Alternate Address:

Email Address:

You MUST submit the following items to be set up as a vendor with the City of Alachua:

- Vendor Registration Form                       W-9
- Insurance Certificate                               Certificate of Good Standing
- Copy of LBTR

I hereby acknowledge that the above information is complete and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date