



## VENDOR REGISTRATION FORM

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Business Owner's Full Name (Print): \_\_\_\_\_

Contractor's License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**ALL VENDORS MUST HAVE A BUSINESS LICENSE, INSURANCE IN THEIR BUSINESS NAME AND A COMPLETE VENDOR REGISTRATION PACKAGE**

Attach Business License

Attach copy of Insurance

Attach W-9

Attach a copy of Contractor's license (MUST have for interior/exterior painting, paving, electrical work, plumbing work, carpentry – verify with your Procurement Office if you are not sure)

**VENDOR SHOULD DISCLOSE THE FOLLOWING:**

Is this vendor related to you or a staff member by blood or marriage?  Yes  No (Check one)

Who referred you to this vendor? \_\_\_\_\_ at \_\_\_\_\_ Apts.

Is this vendor a Park City Communities employee?  Yes  No (Check one)

If yes, where: \_\_\_\_\_