



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 Driver's License

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: _____