

City of Lake Wales Vendor Registration



Date: _____

Name of Firm (include DBA)		
Address		
City	State	Zip Code
Remittance address (if different from mailing address)		
City	State	Zip Code
Principal Contact for Firm		
Telephone Number(include area code)	Mobile Number (include area code)	Fax Number (include area code)
E-Mail Address	Web Site Address	
The above person is authorized to sign bids, offers, contracts and checks: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, list below who is an authorized authority).		
Federal I.D. Number	Business Tax Receipt Number	Issuing Jurisdiction
Business is licensed (unless exempt by applicable law), permitted or certified to do business in the State of Florida: <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____		
Does your firm have a drug-free workplace program? <input type="checkbox"/> Yes <input type="checkbox"/> No.		
Type of Organization:		
<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Association <input type="checkbox"/> Corporation: Incorporated under the laws of the state of _____. <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Cooperative, Receivership, or Other Entity Type		
Firm is: <input type="checkbox"/> Independently Owned <input type="checkbox"/> A subsidiary, affiliate or division of _____ (Parent Company)		
Location of Main Office: <input type="checkbox"/> Within City Limits <input type="checkbox"/> Polk County <input type="checkbox"/> Other Florida County <input type="checkbox"/> Outside Florida in USA <input type="checkbox"/> Outside USA		
Terms For Payment: _____ Bonding Capacity: <input type="checkbox"/> Don't know <input type="checkbox"/> Under \$100,000 <input type="checkbox"/> Over \$100,000		
Women/Minority Business Enterprise (W/MBE) Status:		
Check appropriate box: <input type="checkbox"/> Female <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin		
Is your firm certified as a minority business with another governmental agency? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, name of agency: _____		
Is your business interested in providing goods and services during an emergency or disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, 24-hour emergency contact person's name: _____		
Telephone Number _____ Mobile Number _____		
REFERENCES: (include other government agencies, if applicable)		
Name of Firm	Contact Person	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
CERTIFICATION:		
I certify that the information supplied herein, including all pages attached, is correct, and that neither the applicant nor any person (or concern) in any connection with the applicant, or a principal officer, so far as known, is now debarred by the City of Lake Wales, or otherwise ineligible, from bidding for furnished materials, supplies, or services to the City or any agency thereof.		
Signature: _____ Print Name: _____ Date: _____		