

# City of Hialeah Purchasing Division



# Vendor Application

Phone #: (305) 883-5865

Fax #: (305) 883-5871

Please Type or Print (in ink) the items requested below which are necessary to identify your business and place Bidders List.

Name of Business
_____
Name of Entity, Individual(s), Partners or Corporation
_____
Doing Business As (if same as above, leave blank)
_____
Tax ID Number

Business Address
_____
_____
_____
City                      State                      Zip Code

Mailing Address (if different)
_____
_____
_____
City                      State                      Zip Code

Payment Address (if different )
_____
_____
_____
City                      State                      Zip Code

Type of Business
<input type="checkbox"/> Sole Proprietorship (One Individual Owner)
<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation
<input type="checkbox"/> Non- Profit
<input type="checkbox"/> Other (Specify): _____

Telephone Numbers
Business: ( _____ ) _____ - _____
Fax: ( _____ ) _____ - _____
Other: ( _____ ) _____ - _____
_____
If Other (specify)

Over please ...

Contact Person		
_____	_____	_____
First Name	M.I.	Last Name
_____		
Title		
_____		
Email		

Occupational License
City of Hialeah Occupational License Number (if applicable)
_____

Principals and Ownership (Names, titles and % ownership if any.)			
First Name	M.I.	Last Name	Ownership
_____	_____	_____	_____ %
Owner			
_____	_____	_____	_____ %
President			
_____	_____	_____	_____ %
Vice President			
_____	_____	_____	_____ %
Treasurer			
_____	_____	_____	_____ %
Secretary			

Relationship to City of Hialeah
Are any of the owners or principals in the firm a City of Hialeah employee?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", enter that person's name and Social Security Number.
Name: _____
SSN: _____ - _____ - _____

Bonding
Have you been required to obtain bonding in the last year?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the highest amount of any single bond obtained:
\$ _____

Classification of Employees					
	Number of Non-Minorities		Number of Minorities		Total In Class
Professional / Managerial	_____	+	_____	=	_____
Technical	_____	+	_____	=	_____
Clerical / Administrative	_____	+	_____	=	_____
Craftsmen and / or Laborer	_____	+	_____	=	_____
Total (Add the above numbers)	_____	+	_____	=	_____

Primary Business Classification	
<input type="checkbox"/> Authorized Distributor for Brand Name or Manufacturer	<input type="checkbox"/> Services
<input type="checkbox"/> Manufacturer or Producer	<input type="checkbox"/> Sub Contractor
<input type="checkbox"/> Prime Contractor	
<input type="checkbox"/> Retailer	
<input type="checkbox"/> Other (Specify) _____	

Other Affiliate		
<input type="checkbox"/> Parent Company	<input type="checkbox"/> Subsidiary	
_____		
Name of Firm		
_____		
Street Address		
_____		
City	State	Zip Code

Minority
Are you a minority owned business?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Largest Single Job		
What is the dollar volume of the largest single job you have done in the past year?		
<input type="checkbox"/> \$1.00 - \$250.00	<input type="checkbox"/> \$5,001.00 - \$10,000.00	<input type="checkbox"/> over - \$50,000.00
<input type="checkbox"/> \$251.00 - \$5,000.00	<input type="checkbox"/> \$10,001.00 - \$50,000.00	