CITY OF SANTA MARIA

VENDOR APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY)

DEPARTMENT OF ADMINISTRATIVE SERVICES
110 EAST COOK STREET, ROOM 6
SANTA MARIA, CA 93454-5190

PHONE: (805) 925-0951 EXT. 215
FAX: (805) 925-2243

EMAIL: ADMIN.CI.SANTA-MARIA.CA.US
WEBSITE: www.ci.santa-maria.ca.us

COMPANY NAME & ADDRESS:

_____

_____

_____

_____

PHONE: _____

DATE: _____

WEBSITE: _____

FED ID#: _____

TYPE OF OWNERSHIP: ☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ NONPROFIT ☐ OTHER

GOODS/SERVICES PROVIDED:

_____

_____

_____

CERTIFICATION

I certify that all the information supplied herein, including all attached pages, is correct. I understand that the City of Santa Maria will use this information as a basis for evaluating my request to receive invitations for bids.

Note: Failure to respond to three consecutive requests may be cause for suspension from vendor's list. All applications are subject to review prior to validation for placement on approved vendor's list and shall remain on file a minimum of three years. Vendors conducting business within the City of Santa Maria for the delivery of goods or services must obtain a valid City of Santa Maria business license.

_____

Signature *Title* *Print Name* *Date*

INSURANCE

Vendors making deliveries or providing services on City property shall provide certificate of insurance and shall obtain endorsements naming the City as additionally insured when requested by the Department of Administrative Services.

PLEASE MAIL OR FAX COMPLETED APPLICATIONS TO THE ADDRESS ABOVE.
ONLY BUSINESSES THAT COMPLETE AND RETURN A VENDOR APPLICATION WILL BE ADDED TO THE CITY'S VENDOR LIST. BUSINESSES WILL REMAIN ON THE CITY'S VENDOR LIST FOR A MINIMUM OF THREE YEARS.

FOR PURCHASING USE ONLY			
	DATE RECEIVED:	DATE ADDED TO VENDOR LIST:	DATA ENTERED BY:
	KEY WORDS FOR LOOK UP:		
	COMMENTS:		