

CITY OF RICHMOND CONTRACT APPLICATION

CONTRACTOR: Please complete and/attach appropriate documents

PLEASE PRINT OR TYPE AND SIGN DOCUMENT

<input type="checkbox"/>	COMPANY OR CONTRACTOR NAME			
<input type="checkbox"/>	NAME OF CONTACT PERSON (Last)		(First)	(M.I.)
<input type="checkbox"/>	MAILING ADDRESS (Number)	(Street)	(City)	(State) (Zip)
<input type="checkbox"/>	PHONE (Business)	(FAX)	(EMAIL)	
<input type="checkbox"/>	CITY OF RICHMOND BUSINESS LICENSE NO.		BUSINESS LICENSE EXPIRATION DATE	
<input type="checkbox"/>	W-9 FORM AND VENDOR SUPPLEMENTAL QUESTIONNAIRE FORM (If doing business with the City for the first time check below and complete the W-9 Form and Vendor Database Supplemental Form - return with packet) <input type="checkbox"/> Completed - W-9 Form and Vendor Supplemental Questionnaire Form <input type="checkbox"/> On file			
<input type="checkbox"/>	TYPE OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Religious Institution <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Individual dba: {Specify} _____ <input type="checkbox"/> Other: {Specify} _____			
<input type="checkbox"/>	<input type="checkbox"/> I have reviewed the Service Plan and Payment Provisions <input type="checkbox"/> I have reviewed the General Conditions <input type="checkbox"/> I have enclosed proposed Special Conditions for consideration (I understand these modifications must be approved by the City of Richmond's City Attorney's Office) <input type="checkbox"/> I have attached my company's insurance verification forms naming the City of Richmond as additional insured. <input type="checkbox"/> Insurance verification forms are forthcoming (I understand that the Contract between the City of Richmond and my company will not be executed unless insurance verification forms naming the City of Richmond as additional insured or a wavier of such provisions has been received and approved by the City of Richmond.) <input type="checkbox"/> I have attached my completed W-9 and Vendor Database Supplemental Form I have completed the City of Richmond Business License Application and submitted it to the City of Richmond – Finance Department - Business License Division.			
<input type="checkbox"/>	SIGNATURE		DATE	