

Vendor Supplemental Questionnaire Form

Email Back To:

@ Fax #:

Requesting Department – Contact Person

Full Legal Name:

Address:

City:

State:

Zip Code:

If PO Box given, also provide the physical address given to the California State Board of Equalization when applying for a Seller's Permit.

Street Address:

City:

State:

Zip Code:

Contact Information

Name:

Telephone #

Fax #

Toll Free Telephone #

Toll Free Fax #

E-Mail Address:

Web Page URL:

Separate payment address (if applicable)

Address:

City:

State:

Zip Code:

For Sole Proprietors only – Please check the blocks below:

Please, check Yes or No in the two questions below. If the answer to A. is YES, continue to B. If the answer to B. is NO, please provide your Social Security Number if you have not already done so on the W-9.

A. Are you a sole proprietor who will be providing services to the City? ☐ Yes ☐ No

B. Do you have any employees? ☐ Yes ☐ No

Amount of Contract: _____

Expiration Date of Contract: _____

Social Security Number: _____ - _____ - _____

Disclosure Statement for Limited Liability Companies

Is your Business a Limited Liability Company (LLC)? ☐ Yes ☐ No

If the owner and/or applicant is an LLC, please complete Disclosure Statement on back.

Requesting Department Staff: Please indicate the type of transactions you are seeking from the vendor:

☐ Goods

☐ Services

☐ Services / Legal / Lawyer

☐ Services / Rent

If both Goods and Services = Please indicate which is larger – 51% or more as Goods, or 51% or more as Services.

If COR Employee – Set up as: ☐ Medical / Disability ☐ Child Support ☐ Non-Taxable Reimbursements

Disclosure Statement for Limited Liability Companies

Is your Business a Limited Liability Company (LLC)?

☐ YES ☐ NO

If you answered YES, please provide the City with the names and business addresses of any and all shareholders, directors, officers, members, managers, other authorized persons, partners, and “Beneficial Owners” of the applying LLC. A Beneficial Owner is any person or entity who: (1) exercises substantial control over the applying LLC; (2) owns 25% or more of the interest in the applying LLC; or (3) receives substantial economic benefits from the assets of the applying LLC. If any LLC shareholder, director, officer, member, manager, other authorized person, partner, or Beneficial Owner is itself an LLC or other business entity, the names and business addresses must also be provided for any and all shareholders, directors, officers, members, managers, other authorized persons, partners, and Beneficial Owners of that LLC or other business entity all the way up through each entity in the organizational chart until ultimate ownership by individual person(s) is/are disclosed.

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____

☐ Check this box if additional ownership information is attached to this Disclosure Statement.

In signing this Disclosure Statement, I represent that the information submitted in this Disclosure Statement, and any attachments, is true and correct.

Signature: _____

Printed Name: _____

Title: _____

Date: _____