



**City of Pompano Beach, Purchasing Division
1190 N.E. 3rd Avenue, Building C
Pompano Beach, Florida, 33060**

VENDOR APPLICATION

Please complete this application if you are a new vendor, not currently in the City's Naviline database. If you have any questions regarding the Vendor Application or whether you are a registered vendor please contact us at (954) 786-4098, or via fax (954) 786-4168 or email purchasing@copbfl.com. Thank you for your interest in doing business with the City of Pompano Beach. A current W-9 must be provided with the completed application.

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail to receive Purchase Orders: _____

Contact person authorized to sign Bids, Offers & Contracts in your name:

Name _____ Official Title _____

Employer Identification # OR Social Security # _____

*The City of Pompano Beach must obtain your correct Taxpayer Identification Number (TIN) to establish your company as a vendor in our Purchasing/Accounts Payable database. You may use a Federal Employer Identification Number or a Social Security Number on this form. We recommend using a Federal Employer Identification Number for tax identification. If you do not have a Federal Employer Identification Number, you may apply for one online via www.irs.gov, or visit the IRS website to download Form SS-4 (Application for Employer Identification Number).

Please indicate below if your firm is a Certified Small Business Enterprise and **include a copy of the certificate**. SBE certification by the State of Florida, Broward County or other governmental entities with similar certification criteria will be accepted. Certified SBE: YES ___ (certification attached) NO: ___

Is your firm a certified WBE or MBE? **CHECK ALL THAT APPLY**, and **include copy of certificate(s)**.

Woman-owned ___ African American ___ Hispanic American ___ Native American ___

Asian-Pacific Islander ___

For businesses located in the City of Pompano Beach check the Local Business box and **include a copy of your current City Business Tax Receipt**. Local Business ___

The undersigned hereby certifies that the information supplied herein is correct, and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now declared ineligible by any public agency from bidding to the agency.

Signature & Title

Date