



CITY OF OAKLAND PARK VENDOR APPLICATION

Application Date: _____

Company Name (Legal Name as Filed with the IRS): _____

Doing Business As (DBA) : _____

Federal ID Number _____ OR Social Security Number _____ - _____ - _____

Business Type: Corporation Individual Sole Proprietor Partnership Other

Does your business receive a 1099 form from the IRS? YES NO

Physical Address: _____

City/State/Zip: _____

Telephone: _____ Toll-Free: _____ Fax: _____

Email: _____ Business Website: _____

Primary Contact Name: _____ Title: _____

Telephone: _____ Email: _____

Remittance Address (if different than the address above): _____

City/State/Zip: _____

Telephone: _____ Email: _____

Applicant's primary line of work: _____

- Does your company accept Visa for payment of invoices? YES NO
- Does your company charge a processing fee for the acceptance of credit cards? YES NO If yes, state percentage or flat fee: _____ % or \$_____

PURCHASE ORDER ACKNOWLEDGEMENT: APPLICANT ACKNOWLEDGES THAT SUBMISSION OF A VENDOR APPLICATION DOES NOT AUTHORIZE THE APPLICANT TO DELIVER GOODS OR SERVICES TO THE CITY OF OAKLAND PARK. THE CITY ISSUES PURCHASE ORDERS FOR GOODS AND SERVICES, AND VENDORS MUST RECEIVE A FULLY-APPROVED PURCHASE ORDER PRIOR TO DELIVERY. PAYMENT FOR GOODS AND SERVICES NOT AUTHORIZED BY A PURCHASE ORDER, OR THAT EXCEED THE AMOUNT OF THE PURCHASE ORDER ISSUED, MAY BE DENIED.

Signature

Title

Date



The following documentation **MUST** be submitted with your application:

- **CURRENT W-9 form.** Must include federal tax classification (business type) and Federal Employer ID Number (FEIN) or Social Security Number. This form can be accessed at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.
- **CURRENT certificate(s) of insurance.**
 - The City of Oakland Park **MUST** be named as an additional insured on all Certificate(s) of Insurance (COI)
 - The COI shall indicate the Certificate Holder as The City of Oakland Park, 3650 NE 12 Avenue, Oakland Park, Florida 33334.
- **CURRENT corporation, trademark, limited partnership, limited liability, and/or fictitious name report,** as filed annually, with the Florida Department of State - Division of Corporations. This report can be accessed at www.sunbiz.org

Return Application To:

**CITY OF OAKLAND PARK
PURCHASING DIVISION
3650 NE 12 AVENUE
OAKLAND PARK, FL 33334
954-630-4256
Purchasing@OaklandParkFL.gov**

If your business is interested in offering products or services to the City of Oakland Park and would like to receive notifications of formal solicitations, please register online at www.DemandStar.com.

**APPLICATIONS SUBMITTED WITHOUT ALL REQUIRED
DOCUMENTATION LISTED ABOVE WILL NOT BE ACCEPTED.**