



## Vendor Registration Form

**NOTE: An incomplete form will result in delayed registration, and may result in delayed payments from the City.**

Name of Firm: \_\_\_\_\_ Legal Name: \_\_\_\_\_  
 (As shown on IRS Tax Forms)

**Business Location Address & Information:**  
 (NO PO BOX #'S)

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Company Website: \_\_\_\_\_

**Remit Payment To/Mailing Address & Information:**  
 (If different)

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Alternate E-mail Address: \_\_\_\_\_

President / Owner: \_\_\_\_\_

**Business & Demographic Information:** A current Mecklenburg County Business License is required for individuals and businesses that either personally or through agents, solicit business within the city limits; or pick up and/or deliver goods or deliver services within the city limits. All questions regarding licensing should be directed to the Business Tax Collections Office, 704-336-6315. To download a business license application, please go to <http://www.charmeck.org/Departments/Tax+Collections/Forms/Business+License+.htm>.

Is your firm incorporated?	<input type="checkbox"/> YES; State _____ <input type="checkbox"/> No
Does your firm have a Mecklenburg County Business License?	<input type="checkbox"/> YES; License # _____ <input type="checkbox"/> No
Approximate Number of Employees in your organization:	
Date your firm was established (mm/dd/yyyy):	
Indicate your firm's organizational type:	<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: _____
Please identify the race of the ownership of your organization . <sup>1</sup> {Ownership is determined by the majority (greater than 50%) ownership of the organization.} Please select <b>only</b> one:	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Non-Minority Female <input type="checkbox"/> Non-Minority Male
Please indicate your firm's business type (Please select <b>only</b> one): - For a list of the services & offerings contained within these "Business Types", please link to <a href="http://smallbiz.charmeck.org">http://smallbiz.charmeck.org</a> - then select "Small Business" on left toolbar, and then "Find NIGP Codes" on the right toolbar.	<input type="checkbox"/> Architectural & Engineering <input type="checkbox"/> Construction <input type="checkbox"/> Commodities (Goods & Supplies) <input type="checkbox"/> Concessions <input type="checkbox"/> Professional Services <input type="checkbox"/> Other Services

**Commodity and/or Service Information:** (please refer to link below for assistance in identifying codes which best describe your business)  
<http://smallbiz.charmeck.org> - then select 'Small Business' on left toolbar, and then 'Find NIGP Codes' on the right toolbar.

In the table below, list up to six (6) of the commodities and/or services your firm provides.

COMMODITY CODE	COMMODITY / SERVICE CODE DESCRIPTION		
	List the code and description chosen, or if you are unable to find a code in the list, please describe your business offerings.		
<u>PRIMARY CODE</u>	<u>PRIMARY DESCRIPTION</u>	<u>CODE #4</u>	4.
<u>CODE # 2</u>	2.	<u>CODE # 5</u>	5.
<u>CODE # 3</u>	3.	<u>CODE # 6</u>	6.

\*\*\*\* If you plan to seek, or are interested in, SBE or MWBE certification, please mark here

For SBE/MWBE eligibility guidelines and certification forms, visit <http://smallbiz.charmeck.org>. - then select 'Small Business' on left

<sup>1</sup>Race and gender ownership information is for statistical purposes only and is required to complete your application.  
 The City and County track this information to assess whether there are disparities in contract participation based on race or gender.

**Form W-9 Taxpayer Identification Number Request**

The City and County require that you provide a taxpayer identification number in order to register in the City / County vendor database. Your taxpayer ID number is the number that you file tax returns under in the name of your business. It may be either an employer identification number (EIN) issued by the IRS, or your social security number. If you do not wish to provide your social security number, you may obtain an employer identification number (EIN) from the IRS and use that instead. For information on obtaining an EIN, go to <http://www.irs.ustreas.gov/businesses/small>.

Your tax payer ID number will be used for internal data tracking purposes of the City and the County, such as accounts payable analyses and determining whether there is disparity in City / County contracting based on race or gender. If you receive payment from the City or County, your tax ID number will also be reported to the Internal Revenue Service for federal tax withholding purposes. Failure to provide a tax ID number may result in: (a) federal tax backup withholding; (b) withholding of payment by the City or County; and /or (c) disqualification from participating in City or County contracts.

Employer Identification Number (EIN) or Social Security Number:	
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I certify that all information provided on this Vendor Registration Form (including all pages attached) is accurate and complete in all respects.

Authorized Signature \_\_\_\_\_ Title (in type or print) \_\_\_\_\_  
 Name (in type or print) \_\_\_\_\_ **COMPANY NAME:** \_\_\_\_\_

<b>THIS SPACE FOR USE BY AGENCY</b>	<b>Vendor #</b>	<b>City:</b>
	<b>Date:</b>	<b>County:</b>