

**CITY OF GULF SHORES VENDOR APPLICATION**

Complete and Mail or Fax to  
CITY OF GULF SHORES  
PURCHASING DEPARTMENT  
160 WEST 36TH AVENUE

Voice (251)-968-1441

GULF SHORES, ALABAMA 36542

Fax (251)-968-1442

APPLICANT MUST COMPLETE THE FOLLOWING INFORMATION ALONG WITH A W-9 FORM

PROOF OF INSURANCE AND WORKMAN'S COMPENSATION IF APPLICABLE

CITY OF GULF SHORES BUSINESS LICENSE WILL BE REQUIRED IF:

BUSINESS IS LOCATED IN CITY OR PJ (Police Jurisdiction), DELIVERS IN COMPANY TRUCK OR SALESMAN CALLS ON CITY

APPLICATION TYPE: NEW \_\_\_ OWNER CHANGE \_\_\_ NAME CHANGE \_\_\_ LOCATION CHANGE \_\_\_  
FEIN # \_\_\_\_\_ ST of Ala Tax # \_\_\_\_\_

Form of Ownership (Check one)

Sole Prop \_\_\_ LLC \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Professional Assoc. \_\_\_ Other \_\_\_

Legal Business Name: \_\_\_\_\_

Trade Name: ( DBA if different from above) \_\_\_\_\_

Remittance Address (For Payment) \_\_\_\_\_  
(Street) (City) (State) (Zip)

Correspondence Address (For Mailing): \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_  
(Business) (Fax) (Home Phone)

Website: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name/Phone # for Contact Person: \_\_\_\_\_ ( ) \_\_\_\_\_

This application, to the best of my knowledge, a true and complete representation of the above entity, and person(s) listed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**THIS AREA FOR MUNICIPAL USE ONLY**

Department requesting new vendor \_\_\_\_\_

Contact person \_\_\_\_\_

Phone Number \_\_\_\_\_

Reviewed by:

Date received:

Forms required and received:

(Place check when approved)

Purchasing Department \_\_\_\_\_

\_\_\_\_\_ Completed Form

Revenue Department \_\_\_\_\_

\_\_\_\_\_ Business License

Community Development Dept. \_\_\_\_\_

\_\_\_\_\_ Permit required

Accounting Department \_\_\_\_\_

\_\_\_\_\_ W-9

\_\_\_\_\_ Workman's Comp.

\_\_\_\_\_ Liability Insurance

**VENDOR APPLICATION WILL TAKE UP TO TWO WEEKS TO REVIEW BY DEPARTMENTS, PLAN ACCORDINGLY  
NO VENDOR WILL BE ADDED UNTIL FORM HAS BEEN COMPLETED AND REVIEWED BY DEPARTMENTS LISTED**

**PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM**

COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE SHADED AREA AT THE BOTTOM

FORM SHALL BE TYPED OR PRINTED LEGIBLY (If any part is not legible form will be returned or refused)

FORM SHOULD BE DATED AND SIGNED BY OWNER, PARTNER, OR OFFICER OF THE BUSINESS

FORM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE MUNICIPALITY

IF YOUR BUSINESS HAS or WILL HAVE A PHYSICAL LOCATION WITHIN THE MUNICIPALITY, PLEASE INDICATE ADDRESS ON THE FRONT OF THIS FORM. (Complete separate forms for each physical location in the city).

AFTER COMPLETING THIS FORM, IT CAN BE MAILED, SENT BY FAX, OR SENT BY ELECTRONIC MAIL TO THE PURCHASING DEPARTMENT

UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

THIS FORM IS INTENDED AS A SIMPLIFIED, STANDARD MECHANISM FOR BUSINESSES TO INITIATE CONTACT WITH THE CITY OF GULF SHORES CONCERNING THEIR ACTIVITIES WITHIN THE CITY. A BUSINESS LICENSE WILL BE REQUIRED PRIOR TO ENGAGING IN BUSINESS. IF A BUSINESS INTENDS TO MAINTAIN A PHYSICAL LOCATION WITHIN THE CITY or HAS A SALES REPRESENTATIVE SHOW A PRESENCE IN THE CITY. THERE ARE NORMALLY ZONING AND BUILDING CODE APPROVALS

**REQUIRED PRIOR TO THE ISSUANCE OF A BUSINESS LICENSE:**

IN CERTAIN INSTANCES, A BUSINESS MAY SIMPLY BE REQUIRED TO REGISTER WITH THE CITY TO CREATE A MECHANISM FOR THE REPORTING AND PAYMENT OF TAX LIABILITIES. IF THAT IS THE CASE, YOU WILL BE PROVIDED THE MATERIALS FOR THAT COMPLIANCE PROCESS.

THE COMPLETION OF THIS FORM DOES NOT GUARANTEE THE APPROVAL OR SUBSEQUENT ISSUANCE OF A BUSINESS LICENSE TO DO BUSINESS. ANY PREREQUISITES FOR A PARTICULAR TYPE AND LOCATION OF THE BUSINESS MUST BE SATISFIED PRIOR TO LICENSING.

SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM, PLEASE CALL THE NUMBER ON THE FRONT OF THIS FORM.

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,