

RIVIERA BEACH COMMUNITY REDEVELOPMENT AGENCY

APPLICATION FOR CONTRACTOR/SUB-CONTRACTOR CERTIFICATION

PLEASE READ CAREFULLY- TYPE OR PRINT-ANSWER ALL QUESTIONS-ATTACH ADDITIONAL INFORMATION

FAILURE TO FULLY COMPLETE APPLICATION OR PROVIDE DOCUMENTS WILL DELAY PROCESSING

1. COMPANY NAME _____
MUST BE SAME NAME USED FOR VENDOR REGISTRATION

PRINCIPAL PLACE OF BUSINESS ADDRESS _____

STREET ADDRESS _____

P.O. BOX _____

CITY _____ STATE _____ ZIP CODE _____

DBA (DOING BUSINESS AS) NAME: _____

FEDERAL ID NUMBER (FEIN): _____

TELEPHONE NO. () _____ FAX NO. () _____

E-MAIL ADDRESS: _____

INTERNET ADDRESS: _____

BUSINESS OWNER(S): _____

2. IS THE PRINCIPAL OWNER A RIVIERA BEACH RESIDENT? _____ YES _____ NO
PALM BEACH COUNTY RESIDENT? _____ YES _____ NO
IF NO, IS THE PRINCIPAL OWNER A PERMANENT LAWFUL RESIDENT OF THE UNITED STATES?
_____ YES _____ NO

3. TYPE OF BUSINESS OWNERSHIP- COMPLETE THE SECTION THAT APPLIES TO YOUR TYPE OF BUSINESS ENTITY.
_____ CORPORATION _____ LIMITED LIABILITY CO. _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP

4. LIST THE NUMBER OF CURRENT EMPLOYEES: _____

5. LIST COMPANY AFFILIATES, SUBSIDIARIES, BRANCHES AND DIVISIONS: (ATTACH ADDITIONAL INFORMATION IF NEEDED).

NAME	CONTACT	ADDRESS	TELEPHONE
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_____	_____	_____	_____
_____	_____	_____	_____

6. LIST THE MAJOR FIELD OF OPERATION AND/OR SERVICES OFFERED BY YOUR COMPANY:

7. AMOUNT OF LARGEST CONTRACT TO DATE AND FROM WHOM:

8. GEOGRAPHIC AREAS SERVICED:

STATES: _____

COUNTIES: _____

9. IF YOUR COMPANY PERFORMS WORK IN A LICENSED TRADE, PLEASE PROVIDE THE FOLLOWING:

TYPE OF LICENSE/ CERTIFICATE OF COMPETENCY	CERTIFICATION NUMBER	EXPIRATION DATE	NAME OF QUALIFIER

10. DO YOU CURRENTLY HAVE A VENDOR CODE FOR RIVIERA BEACH? _____ COUNTY? _____ STATE? _____

11. EXPERIENCE IN AFFORDABLE HOUSING? YES _____ NO _____ # UNITS _____
 LOCATION (CITY/COUNTY) _____ COMMERCIAL BUILDINGS? YES _____ NO _____
 1-3 STORIES _____ 4-8 STORIES _____ 8-15 STORIES _____ 15+ STORIES _____

REQUIRED SUPPORT DOCUMENTS FOR LBE CERTIFICATION

PLACE A CHECKMARK UNDER "Y" NEXT TO EACH DOCUMENT YOU ARE SUBMITTING. IF ANYTHING IS CHECKED "N" OR "N/A", PROVIDE A WRITTEN EXPLANATION AS TO WHY IT IS NOT BEING SUBMITTED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

FOR ALL APPLICANTS- CORPORATIONS, PARTNERSHIPS OR SOLE PROPRIETORSHIPS:

1. PALM BEACH COUNTY BUSINESS TAX RECEIPT(S) AND RIVIERA BEACH BUSINESS TAX RECEIPT(S) WHEN APPLICABLE **Y N N/A**
2. COPY OF PROFESSIONAL LICENSE(S) OR CERTIFICATE OF COMPETENCY **Y N N/A**
3. FICTITIOUS NAME CERTIFICATE (IF APPLICABLE) **Y N N/A**

FOR A CORPORATION (IN ADDITION TO 1-3 ABOVE Please Circle):

Y N ARTICLES OF INCORPORATION, INCLUDING DATE APPROVED BY STATE DEPARTMENT CORPORATIONS, AND ANY SUBSEQUENT

Y N CORPORATE BY-LAWS

Y N LIST OF SHARES, COPY OF ISSUED STOCK CERTIFICATES (FRONT AND BACK); COPY OF STOCK LEDGER; AND PROOF OF STOCK PURCHASE

Y N LIST OF OFFICERS AND BOARD OF DIRECTORS

FOR AN LLC (IN ADDITION TO 1-3 ABOVE Please Circle):

Y N OPERATING AGREEMENT

Y N MEMBERSHIP UNITS

Y N LEDGER

FOR A PARTNERSHIP (IN ADDITION TO 1-3 ABOVE Please Circle):

Y N PARTNERSHIP AGREEMENT

FOR A FRANCHISE (IN ADDITION TO 1-3 ABOVE Please Circle):

Y N FRANCHISE AGREEMENT

PERFORMANCE BOND HISTORY

PROJECT NAME/ DESCRIPTION	BOND AMOUNT	BOND EXECUTED DATE	CONTRACT PRICE



CITY OF RIVIERA BEACH

Purchasing Department
2051 Martin Luther King Blvd.
Suite 310
Riviera Beach, FL 33404
Telephone: (561) 845-4180
Fax: (561) 842-5105

[Please e-mail or fax completed application to the Purchasing Department](#)

Vendor Information

Vendor Legal Name: _____

DBA: _____

Federal Tax Identification #: _____

Social Security #: _____ - _____ - _____ (if no Federal Tax Identification)

Subject to 1099: _____ (Y/N) 1099 Type: _____

Type of Organization:

Corporation _____

Partnership _____

Sole Proprietorship _____

Minority: _____ (Y/N)

Minority Code: _____

1	African American
2	Hispanic
3	Asian American
4	Native American
5	Women Owned Business

Contact Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City/State/Zip: _____

Phone Number: (_____) _____ - _____ Ext: _____

Mobile: (_____) _____ - _____ Fax: (_____) _____ - _____

E-Mail Address: _____

Services and/or Products Offered: _____

Commodity Code(s) _____

***SIGNATURE:** _____

PRINT NAME: _____ **TITLE:** _____

***Authorized to commit company**

The Vendor database is maintained by the Purchasing Department as a courtesy and in no way guarantees that you will be given a notice of any or all bids, proposals, or quotes that pertain to your commodities. However, the City places their bids on the website and advertises all bids in the Palm Beach Post.