



Village of Palmetto Bay

Vendor Registration Form

This form must be completed in its entirety.

General Information

Company's Legal Name: _____

Owner's Name: _____

Mailing Address: _____

City: _____ State/Prov.: _____ Zip/ Postal Code: _____

Telephone: _____ Fax: _____

Contact Person: _____ Job Title: _____

Contact Telephone: _____ Email (if available): _____

Federal Tax ID: _____

Type of Organization (Select one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Private: For-Profit | <input type="checkbox"/> Private: Non-Profit | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Ownership | <input type="checkbox"/> Government/ School |
| <input type="checkbox"/> Other _____ | | |

Business Classification (Select one):

- | | | | |
|--|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Retailer | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Consultant | <input type="checkbox"/> Other: _____ |

List the goods and/or services to be provided to the Village:

Business License Information

State License No. _____ Occupational License No. _____

Other: _____

Insurance Information (Please select all applicable)

- General Liability Automobile Liability Worker's Compensation Other _____

8950 SW 152nd Street
Palmetto Bay, FL 33157
(305) 259-1234 Fax: (305) 259-1290