

City of Temple, Georgia  
240 Carrollton St.  
Temple, Ga. 30179  
770-562-3369

## CONTRACTOR/SUPPLIER

### Vendor Application Checklist

- \_\_\_\_\_ 1) Vendor Application
- \_\_\_\_\_ 2) W-9 Form
- \_\_\_\_\_ 3) Affidavit Verifying Status for City Public Application [Signed & Notarized] -- this form states that you are verifying the company has lawful presence within the United States and has authorization to conduct a business in the United States.
- \_\_\_\_\_ 4) Private Employer Affidavit of Compliance or the Private Employer Exemption Affidavit form which states whether your company is in compliance or exempted from participating in E-Verify. [Signed & Notarized]
- \_\_\_\_\_ 5) Contractor Affidavit and Agreement [Signed & Notarized]
- \_\_\_\_\_ 6) Subcontractor Affidavit and Agreement [Signed & Notarized] \*\*\* If not applicable mark N/A, sign, & have notarized. \*\*\*
- \_\_\_\_\_ 7) Certificate of Insurance [Workers Compensation & General Liability]

NOTE: The State of Georgia requires the above affidavits to be on file with The City of Temple for all vendors conducting business with the City of Temple. [All Affidavits have to be signed & notarized.] Upon receipt of your completed vendor application packet, the City of Temple can proceed with purchase orders and payments.

Please email completed forms to [cmoore@templega.us](mailto:cmoore@templega.us) or fax to ATTN: ACCOUNTS PAYABLE at 770- 562-9440.

If you do not have access to email or fax, you can mail the completed vendor forms to:

City of Temple  
Attn: Accounts  
Payable  
240 Carrollton St.  
Temple, Ga. 30179

If you have any questions regarding the vendor application packet, please contact:  
Cindy Moore 770-562-3369

CITY OF TEMPLE  
240 Carrollton St.  
Temple, Ga. 30179  
770-562-3369

VENDOR # \_\_\_\_\_  
Complete, Sign, & Return

**VENDOR APPLICATION**

General Information:

Company of Individual Name		
DBA, if applicable		
Remittance Address		
City	State	Zip Code
Main Office Address (if different)		
City	State	Zip Code
Phone Number	Fax Number	
Email Address		

Federal Tax ID or Social Security # \_\_\_\_\_  
City or County Business License \_\_\_\_\_

Principal Line of Business

Primary Business:

- ☐ Construction  
☐ Retail  
☐ Authorized Distributor  
☐ Factory Representative  
☐ Manufacturer  
☐ Service Firm

Professional:

- ☐ Architecture  
☐ Engineering  
☐ Financial  
☐ Legal  
☐ Other Consulting

NIGP 3-digit code #(s) \_\_\_\_\_

Normal selling terms/discounts: \_\_\_\_\_

Ownership:

Individual ☐ Partnership ☐ Corporation ☐ State \_\_\_\_\_

Owner or officer name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Owner or officer name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Owner or officer name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

**Names & signatures of authorized company representatives (authorized to sign quotes, bids, proposals, etc.)**  
By signing below, I acknowledge that I have read and agree to abide by the Purchasing Policies & Procedures for the City of Villa Rica.

Name	Title	Signature	Phone(s)	email address
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Name	Title	Signature	Phone(s)	email address
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Name	Title	Signature	Phone(s)	email address
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**For City Use Only - Please do not write below this line**

Date received: \_\_\_\_\_ Date active: \_\_\_\_\_ Date inactive: \_\_\_\_\_

Completed, signed application ☐ W-9 ☐ Verification of Lawful Presence Affidavit ☐ E-Verify Affidavit ☐ Contractor Affidavit ☐ Subcontractor Affidavit ☐

**Subcontractor Affidavit under O.C.G.A. § 13-10-91(b) (3)**

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with \_\_\_\_\_ (name of contractor) on behalf of the City of Temple has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Id Number  
(Also known as E-Verify #, usually 4-6 digits)

\_\_\_\_\_  
Date of Authorization

Name of Subcontractor \_\_\_\_\_

Name of Project: \_\_\_\_\_

**Name of Public Employer: CITY OF TEMPLE**

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 201~~2~~, in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201~~2~~.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

# Affidavit Verifying Status for a City of Temple Public Benefit Application

By executing this affidavit under oath, as an applicant for a CONTRACT OF PURCHASE (1099 employee) or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a CONTRACT OF PURCHASE (1099 employee) or other public benefit for \_\_\_\_\_. [Name of natural person applying]

1) \_\_\_\_\_ I am a United States citizen

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\*

Alien Registration number for non-citizens \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

**\*Note:** O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provided their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_