

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]**
- _____ 7) State License (Contractor, Electrical, etc.)
- _____ 8) Certificate of Insurance [Workers Compensation & General Liability]
- _____ 9) Business License and State License

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 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, GEORGIA
240 Carrollton St.
Temple, Ga. 30179

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:

- | | |
|--|--|
| <input type="radio"/> Construction | Professional: |
| <input type="radio"/> Retail | <input type="radio"/> Architecture |
| <input type="radio"/> Authorized Distributor | <input type="radio"/> Engineering |
| <input type="radio"/> Factory Representative | <input type="radio"/> Financial |
| <input type="radio"/> Manufacturer | <input type="radio"/> Legal |
| <input type="radio"/> Service Firm | <input type="radio"/> Other Consulting |

NIGP 3-digit code #(s) _____

Normal selling terms/discounts: _____

Ownership:

Individual ☐ Partnership ☐ Corporation ☐ State _____

| | | |
|-----------------------|----------|---------------|
| Owner or officer name | Phone(s) | Email Address |
| | | |
| Owner or officer name | Phone(s) | Email Address |
| | | |
| Owner or officer name | Phone(s) | 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 |
| | | | | |
| Name | Title | Signature | Phone(s) | email address |
| | | | | |
| Name | Title | Signature | Phone(s) | email address |
| | | | | |

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 ☐

Completed packet verified by: _____

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

| | | |
|--|---|---|
| Print or type. See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) |
| 6 City, state, and ZIP code | | |
| 7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|--------------------------------|--|--|--|---|--|--|---|--|--|
| Social security number | | | | | | | | | |
| | | | | - | | | - | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

| | | |
|-----------|----------------------------|--------|
| Sign Here | Signature of U.S. person ► | Date ► |
|-----------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.

- Form 1099-INT (Interest earned or paid)

E-VERIFY AFFIDAVIT

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1.

Please check only one:

- (A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.
- (B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If the employer selected Section 1(A), please fill out Section 2 below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number
(Also called E-verify#, usually 4-6 digits)

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, 201_ 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_.

NOTARY PUBLIC

My Commission Expires: _____

Contractor Affidavit under O.C.G.A. § 13-10-91(b) (1)

By executing this affidavit, the undersigned contractor 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 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 contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b) (form attached - submit subcontractor forms to GHFA). Contractor 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 Contractor: _____

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 _____, 2003 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 _____, 2003.

NOTARY PUBLIC

My Commission Expires: _____

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 (name of public employer) 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 Identification Number

Enter the E-Verify Number. This is NOT your FEIN number (XX-XXXXXXX). For information see <https://www.e-verify.gov/>

Date of Authorization

Name of Subcontractor

Name of Project

Name of Public Employer

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

Executed on _____, ___, 20__ 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 _____, 20__.

NOTARY PUBLIC

My Commission Expires:



S.A.V.E. AFFIDAVIT

Affidavit Verifying Residency Status of an Applicant as Required by the
Georgia Security and Immigration Compliance Act O.C.G.A. § 50-36-1(e)(2)

This form is required for ALL LICENSES/PERMITS by State Law

By executing this affidavit under oath, as an Applicant, as a City Vendor, or as a Recipient for other public benefit as referenced in the Georgia Security and Immigration Compliance Act, (O.C.G.A. § 50-36-1), I am stating the following:

- ☐ I am a United States citizen, or
(Must include a copy of either current State Driver's License, Passport, Military ID, or other approved document*.)
- ☐ I am a legal permanent resident of the United States**, or
(Must include a copy of your Permanent Resident Card or other approved document*.)
- ☐ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency** (Must include a copy your Employment Authorization Card or other approved document*.)

**My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (e)(1), with this affidavit.

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed on the _____ date of _____, 20____ in

_____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20____

(Seal)

NOTARY PUBLIC

My Commission Expires: _____

*A complete list of verifiable documents can be found on the City of Chamblee website under Occupational Tax Certificates or on the Georgia Attorney General's website (O.C.G.A. § 50-36-2).