

City of Antioch
 Purchasing Division
 City Hall
 200 'H' Street
 P.O. Box 5007
 Antioch, CA 94531-5007



Tel (925) 779-6994
Fax (925) 779-6817
Vendor Information

Date	
Company Name	Telephone Number (toll free if available)
Mailing Address	Email Address Fax

City	State	Zip
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Ownership of Business (Check One) Partnership (If yes, complete Section 3 below)

Corporation (If yes, complete Sections 1 or 2 below) Sole Proprietorship

1.	Parent Company	State of Corporation
	Names of Subsidiaries:	

2.	Subsidiary Company	Name and Location of Parent Company
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3.	Type of Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	Names of Partners
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Primary Type of Business

Wholesaler Manufacturer Manufacturing Agent Broker Retailer

General Contractor Distributor

Social Security Number (Required for Sole Proprietor or Partnership)	Name of Insurance or Bonding Company
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Number of Years in Business	Annual Sales Volume \$	Business License No. City
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Contractor's License No.	Federal ID #	State of California ID #
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Does your company qualify as a Small Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your company qualify as a Minority Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Has your company been certified as a Small or Minority Business by any governmental agency? Yes No
 If yes, please provide a copy of the certification documents with this application

Note: If your company is claiming to be a Small or Minority Business, and has not been certified by another governmental agency, please be prepared to verify information at the request of the City Purchasing Division.

Composition of Ownership (Show number in each category) If corporation, show percent of stock held by each							B. Non-Ethnic Factors		
A. Ethnic Groups	White	Black	Hispanic	Asian, Pacific Islander	Native American	Other (Specify)	Male	Female	Handicapped
Number									
% of Stock									

