



CITY OF WEST COVINA

Bidders Application

FINANCE DEPARTMENT

Name of Business _____

Business Address _____

Mail Bidding Forms to: _____
(Representative/Contact Name and Title)

Telephone: () _____ Fax: () _____

How long in present business? Yrs. _____ Mos. _____ Number of Employees: _____

Check type of ownership: Individual 1099 – Provide Social Security Number: _____

Partnership OR Corporation – Provide Federal I.D. Number: _____

List below those supplies, materials and/or services that your company can supply to the City.
(Business cards and line sheet may be supplied.)

Check below the category that applies to the applicant:

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Manufacture/Producer | <input type="checkbox"/> Distributor | <input type="checkbox"/> Service |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Retailer | <input type="checkbox"/> Construction |

Do you meet the requirements of a small business under Title 2, Subchapter 8 of the Sate of California Administrative Code: YES NO

If your firm owned by at least 51% of one of the following groups? *(check only one)*

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Woman-owned |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Filipino | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic |

If your company is based in California, provide retailer's permit serial number:

Provide retailer's Certificate of Registration Use Tax if out-of-state

If firm is a parent company, what is the status of the firm: Division Subsidiary

If firm is a division or subsidiary, list full name of parent company _____