



**TOWNSHIP OF LIVINGSTON**

357 South Livingston Avenue • Livingston, New Jersey 07039

**VENDOR APPLICATION**

*Upon receiving the completed forms, the Purchasing Department will add your firm to the Township of Livingston's Vendor Database, which will enable you to receive notification of Requests for Proposals (RFPs), Notice to Bidders (BIDs), etc. relating to the information listed on this form.*

Initial Application       Revision      Date: \_\_\_\_\_

**BUSINESS INFORMATION**

Company Name: \_\_\_\_\_ Dept./Div: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ I am interested in submitting bids online  Yes  No

**TYPE OF BUSINESS**

Do you provide:  Product       Service       Both service and product

Description of Products and/or Services: \_\_\_\_\_

4. Prompt Payment Discount: \_\_\_\_\_% (Number of Days \_\_\_\_\_) Net \_\_\_\_\_ Days \_\_\_\_\_

**5. BUSINESS OWNERSHIP INFORMATION**

Sole Proprietorship       Limited Liability Corporation (LLC)  
 Corporation       Partnership  
 Other (specify): \_\_\_\_\_

If Sole Proprietorship, please provide the Owner's name: \_\_\_\_\_

Is your business a Non-Profit?       Yes       No

Has firm been certified as a minority-owned and/or woman-owned business enterprise?  Yes  No  
 (Attach copy of certification)

Controlling Interest (at least 51%) held by:

<input type="checkbox"/>	Asian Female	<input type="checkbox"/>	Hispanic Female
<input type="checkbox"/>	Asian Male	<input type="checkbox"/>	Hispanic Male
<input type="checkbox"/>	African-American Female	<input type="checkbox"/>	Native American Female
<input type="checkbox"/>	African-American Male	<input type="checkbox"/>	Native American Male
<input type="checkbox"/>	Caucasian Female	<input type="checkbox"/>	Other/Female
<input type="checkbox"/>	Caucasian Male	<input type="checkbox"/>	Other/Male

Company Officers	Title	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

Federal I.D. # or Social Security # \_\_\_\_\_

**THE ATTACHED W-9 MUST BE COMPLETED. FAILURE TO COMPLETE THE W-9 MAY RESULT IN PAYMENT HOLDS.**

Types of Licenses Held: \_\_\_\_\_  
 \_\_\_\_\_

New Jersey Business Registration Certificate (BRC) Number: \_\_\_\_\_

Contractor/Construction [  ] Are you an Independent Contractor? [  ] Yes [  ] No

License Classification (if any) \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Issued: \_\_\_\_\_

Areas of Work: [  ] Residential [  ] Commercial

Amount of Bonding Capacity: \_\_\_\_\_

Have you previously done business with the Township of Livingston? \_\_\_\_\_

**CERTIFICATION**

I certify that the information supplied herein is correct and that neither the applicant nor any person (or concern) in any connection with the applicant officer, so far as known, is now debarred or otherwise declared ineligible by any local, state or federal government agency of or officer, so far as known, is now debarred or otherwise declared ineligible by any local, state or federal government agency of the United States, from making offers of furnishing materials, supplies or services to any government agency thereof.

\_\_\_\_\_  
 Print Name of Person Authorized to Sign

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Title of Authorized Signature