



VENDOR APPLICATION

The City of Gulf Shores is not responsible for payment of any goods or services provided prior to the completion and acceptance of this Form. A completed W-9 must be submitted along with Proof of Insurance, if applicable.
It is the responsibility of the vendor to keep all information current and notify the City of any changes.

Application Type: New ___ Owner Change ___ Name Change ___ Location Change ___
Business Name: *(You are required to use the precise legal name as associated with your taxpayer ID number.)*
Legal Name: _____
DBA, if different from above: _____
Physical Address: _____
Mailing Address: _____
Telephone: _____
Website: _____ E-mail Address: _____
Contact Person: _____
Type of Goods or Services: _____

FEIN # _____ **State of AL Tax # (optional)** _____
Classification: _____ Individual/Sole Proprietor _____ Limited Liability Company
_____ Corporation _____ Professional Association
_____ Partnership _____ Other
Number of Employees: _____ 1-4 employees _____ More than 4 employees
*If you will be performing on-site services, workers' compensation insurance coverage is required.
A copy of your CERTIFICATE OF INSURANCE must be submitted with this form.*

Business License Information:
1. Is your business physically located within Gulf Shores City limits? ___Yes ___No
2. Will any sales representatives enter the Gulf Shores City Limits? ___Yes ___No
3. Will your delivery personnel/delivery truck enter Gulf Shores City Limits? ___Yes ___No
If you answered yes to at least one of the three questions listed above, you are required to obtain a CITY OF GULF SHORES BUSINESS LICENSE. Please visit www.gulfshoresal.gov to download the Business License Application Form.

The information provided on this application is a true and complete representation of the above named entity and person(s) listed. I understand the requirements to do business with the City of Gulf Shores.
Signature: _____ Print Name: _____ Date: _____

SUBMIT COMPLETED FORM TO:
Please make sure all applicable attachments are included. Incomplete applications or missing attachments will result in delayed processing.
Purchasing Division
P.O. Box 299
Gulf Shores, AL 36547
Fax: (251) 968-1470
tsmith@gulfshoresal.gov

To sign up for bid notifications, please visit www.gulfshoresal.gov - see "bid opportunities."

THIS AREA FOR MUNICIPAL USE ONLY

Department Requesting New Vendor: _____ **Contact Person:** _____
Reviewed By: _____ **Date Received:** _____ **Phone Number:** _____
Purchasing Division _____ **Forms Received & Approved:**
Revenue Division _____ Completed Form
Community Development _____ Business License
Accounting Division _____ Permit Required
W-9
Workman's Comp.
Liability Insurance

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,