



CITY OF PORT ST. LUCIE
PROCUREMENT MANAGEMENT DEPARTMENT
 121 S.W. PORT ST. LUCIE BLVD., SUITE #390
 PORT ST. LUCIE, FLORIDA 34984-5099
 PHONE: (772) 871-5223
 EMAIL: PURCH@CITYOFPSL.COM

<https://www.cityofpsl.com/business/doing-business-with-the-city>

VENDOR APPLICATION

Taxpayer Identification Number (EIN)	Business Name	Telephone Number
Mailing Address	Physical Address	E-mail Address
Mailing City, State and Zip	Physical City, State and Zip	Fax Number

Using the NIGP Commodity Codes or NACIS (www.naics.com) as a reference, please select the commodity codes that best identify the products and / or services your firm offers. These codes will be utilized by the Procurement Management Department to inform vendors of new business opportunities with the City. Please be sure the codes you provide accurately depict your business categories.

Type of Business (Please check as appropriate)		Commodity Codes	
Corporation	<input type="checkbox"/>	Public Company	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	State Incorporated	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>		<input type="checkbox"/>
Non-Profit Organization	<input type="checkbox"/>		<input type="checkbox"/>
Limited Liability	<input type="checkbox"/>		<input type="checkbox"/>

Required Documentation (Attach to Application)			
W-9 Form	<input type="checkbox"/>	SUNBIZ Doc.	<input type="checkbox"/>
Business License	<input type="checkbox"/>		<input type="checkbox"/>
City of Port St. Lucie Business Tax Receipt	<input type="checkbox"/>	Other City Tax Receipt	<input type="checkbox"/>

Disclosure of Employment Employees of the City of Port St. Lucie

All bidders, proposers, vendors and contractors are required to disclose the names of any of their employees who serve as agents, principals, sub-contractors, employees, and consultants who are currently employed or have been employed by the City of Port St. Lucie within the last two (2) years.

Name		Position in your Company	
Name		Position in your Company	

I certify that the information supplied herein is correct to the best of my knowledge.

Signature	Date	Print Name
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Procurement Use Only

Vendor Number		Entered by:	
		Date:	

Note: In lieu of this application you may register on DemandStar at www.demandstar.com 1/11/2019