City of Oroville

Clerk's Office, 1308 Ironwood, PO Box 2200, Oroville, Washington, 98844, (509) 476-2926, Fax (509) 476-9067

OFFICERS:
Jon R. Neal, Mayor
JoAnn L. Denney, Clerk-Treasurer
Steve Thompson, City Superintendent
Christian Johnson, Building Inspector – Permit Administrator
Todd Hill, Police Chief

COUNCIL MEMBERS:
Edward A. Naillon
Michael H. Marthaller
David "Mac" McElheran
Walter A. Hart
Robert Fuchs

VENDOR LIST APPLICATION

Thank you for the interest expressed by your firm to be included on the City of Oroville Vendor List. To determine qualification of firms to provide services to the City, please complete information on this form and return to the City of Oroville, P.O. Box 2200, 1308 Ironwood, Oroville, WA 98844. Incomplete applications will not be processed. Information provided will be kept in confidence unless a matter of public record.

The City of Oroville is an equal opportunity employer.

PRE-QUALIFICATION REQUIREMENTS

Firms on the Vendor List must be able to show proof of ability to provide:

- 1. Proof of appropriate Federal Tax ID #;
- 2. Proof of possession of, or acquire, appropriate City of Oroville Business Registration prior to performance of any contract; and
- 3. Statement that contractor has no previous record of default in the performance of, or failed to complete, a written public contract, or has not been convicted of a crime arising from a previous public contract.

CITY OF OROVILLE VENDOR LIST APPLICATION

Company Name:			
<i>Phone #:</i> ()		Application Date:	
Mailing Address:			
Street Address:			
Type of Ownership: Corp	poration		_ Sole Proprietorship
Minority & Women Owned Business:		MBE	WBE
Certificate #:			
Federal Tax ID #:			
Washington State Tax #:			
City of Oroville Business Registration #:_			
Type of:			
Materials provided:			
Equipment provided:			
Service provided:			
Supplies provided:			
Other (specify):			
By signature below, I acknowledge that in this application, and to the best of my k of the named firm's ability to perform application.	nowledge, infor	mation provide	ed is a true representation
Name & Title of Preparer (print)	Signo	ature & Date	