



City of Hialeah Gardens

10001 N.W. 87th Avenue, 33016 – TELEPHONE 305-558-4114 - FACIMILE: 305-819-5315

STATE OF FLORIDA

Vendor Qualification Form

Please Type or Print (in ink) the items requested below which are necessary to identify your business and place you on the Bidders List.

Name of Business
Name of Entity, Individuals(s), Partners or Corporation
Doing Business As (if same as above, Leave blank)
Tax I.D. Number / If sole proprietorship include Social Security Number

Business Address	Mailing Address (if different)
_____ _____	_____ _____
City State Zip Code	City State Zip Code
Payment Address	Type of Business
_____ _____ _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other (Specify): _____
City State Zip Code	Telephone Numbers
	Business: (_____) - _____ - _____ Other : (_____) - _____ - _____

Contact Person			Local Business Tax Receipt	
			City of Hialeah Gardens Local Business Tax Receipt Number (if applicable)	
First Name	M.I.	Last Name		
Title				

Principals and Ownership (Names, titles and % ownership if any)				
First Name	M.I.	Last Name		
Ownership				%
_____	_____	_____	Owner	_____ %
_____	_____	_____	President	_____ %
_____	_____	_____	Vice President	_____ %
_____	_____	_____	Secretary	_____ %
_____	_____	_____	Treasurer	_____ %

Relationship to City of Hialeah Gardens	Bonding
<p>Are any of the owners or principals in the firm a City of Hialeah Gardens employee?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", enter that person's name and Social Security Number. Name: _____ SSN: ____ - ____ - _____	<p>Have you been required to obtain bonding in the last year?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate the highest amount on any single bond obtained: \$ _____

Classification of Employees

	Number of Non-Minorities		Number of Minorities		Total In Class
Professional /Managerial	_____	+	_____	=	_____
Technical	_____	+	_____	=	_____
Clerical / Administrative	_____	+	_____	=	_____
Craftsmen and / or Laborer	_____	+	_____	=	_____
Total (Add the above numbers)	_____	+	_____	=	_____

Primary Business Classification

- Authorized Distributor for Brand Name or Manufacturer
- Manufacturer or Producer
- Prime Contractor
- Retailer
- Services
- Sub Contractor
- Other : _____

Other Affiliate

- Primary Company
- Subsidiary

City
Zip Code

State

AFFIDAVIT

State of _____)

)ss.

County of _____)

_____ Being first duly sworn,
deposes and says that: He/she is the (Owner, Partner, Officer, Representative or Agent) _____
of (name of applicant) _____, and that matters and facts
stated in this application are true to his/her knowledge, and that he/she as (title) _____
for (name of applicant) _____ is authorized to execute
this application.

Signature

Sworn to and subscribed before me this

_____ day of _____

Print Name and Title

Notary Public, State of Florida
My Commission Expires:

Telephone: _____