CITY OF OKANOGAN: VENDORS LIST APPLICATION

120 Third Avenue North, P.O. Box 752 Okanogan, WA 98840

Phone:(509) 422-3600 Fax:(509) 422-0747

2026

Company Name:

Contact Name/Owner:

Mailing Address:

Physical Address:

City, State, Zip Code:

Phone Number: **Fax Number:**

E-Mail Address:

EIN/Taxpayer Id Number/ SS#:

Number of Years in Business:

UBI Number:

Business Ownership Type: (example: LLC., Corp.,Sole Prop.)

Bank Reference/Bank Name and Contact Person:

Minority or Woman Owner Business: **Certificate #:** **Pending?**

Prior to award, the City may require additional information such as references, statement of qualifications, proof of insurance requirements, etc. If you wish to provide additional information at this time, please attach to this form and return.

Printed Name & Title: **Date:**

Signature of Owner or Authorized Representative:

By the signature above, I acknowledge to the best of my knowledge, that all information provided on this application, is a true and honest reprentation of the above named firm and it's ability to perform any contracts, which may result from the submittal of this application. In addition, I acknowledge that I have read and underst the requirements described in this application and agree to abide by the regulations set forth by the State of Washington and it's affiliates.

Supplies: Please indicate any and all supplies your firm provides.

Material: Please indicate any and all materials your firm provides.

Material: Please indicate any and all equipment your firm provides.