



VENDOR LIST APPLICATION

Business Name: _____

Contact Person: _____

Full Mailing Address: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Organization Type: Individual Partnership Nonprofit Corporation

Type of Business: _____ No. of years in business: _____

CSLB License No: _____ City Business License No: _____

Do you have any experience with mobile homes? Yes No

Are you a lead-certified contractor? Yes No

- If No, do you have a lead-certified subcontractor? Yes No

- If Yes, what is their business name? _____

If applicable, please check one or more below. If your business is certified as an MBE/WBE by any agency, please include a copy of your certification form:



Woman-owned business Minority-owned business Handicapper-owned business

Please list up to three public agencies with whom you do business:

Agency Name	Contact Person	Phone Number

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS CORRECT

Print name and title

Signature



City of Rancho Cordova
2729 Prospect Park Drive
Rancho Cordova, CA 95670
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CityofRanchoCordova.org