

**CITY OF HOPKINSVILLE**  
**VENDORS/SUPPLIERS APPLICATION DATA FORM**

Please type or print in ink. Complete front and back. Attach copies of Hopkinsville Business License (if you already have them) and insurance.

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

Cellular Number: \_\_\_\_\_ Fax Number : \_\_\_\_\_

Social Security or Federal Tax ID Number: \_\_\_\_\_

Name and address of all owners, partners, and/or if a corporation, the names of major stockholders and officers:

Name: \_\_\_\_\_  Owner  Partner  Stockholder  Officer

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  Owner  Partner  Stockholder  Officer

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Attach a separate page for additional names

**VENDOR/SUPPLIERS SERVICES AND PRODUCTS**

Number of years in business: \_\_\_\_\_ Years in business under present name: \_\_\_\_\_

Other names business has operated under: \_\_\_\_\_

What is your Businesses Service/Products for the City of Hopkinsville: *(Please list below)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other cities your business has Services/Products within: \_\_\_\_\_

**Business References** (Banks, Supply Companies to serve as credit references): **Please include a Contact Person.**

	Name	Contract	Address	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

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**Customer References** (List your last three customers):

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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Has your business ever been sued or cited to court for collection of a debt?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

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A Vendor/Supplier may be denied approval or may be removed from the Qualified Vendor/Supplier List, with such accompanying publicity as deemed necessary, under certain circumstances, including, but not limited to:

1. That required insurance certificates were not provided. Required insurance including one million dollars (\$1,000,000.00) in Public Liability and Property Damage Insurance for injuries, including accidental death, to any one person and in an amount of not less than fifty thousand dollars (\$50,000.00) on each accident. The Vendor/Supplier will take out and maintain during the life of a contract, Workman's Compensation Insurance for all of his employees at the site of the project.
2. A Vendor/Supplier fails to maintain a current business license with the City of Hopkinsville, if work is performed within the City limits of Hopkinsville.

The undersigned Vendor/Supplier certifies that all information given herein is correct and understands that false or incomplete information may be grounds for denial of approval or removal from the Qualified Vendors/Suppliers List.

The undersigned further agrees:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



Office Use Only:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED: \_\_\_\_\_ NOT APPROVED: \_\_\_\_\_

APPROVED: \_\_\_\_\_ NOT APPROVED: \_\_\_\_\_

VENDOR/SUPPLIER APPROVED FOR: \_\_\_\_\_