

**PUBLIC BUILDING AUTHORITY
VENDOR'S LIST APPLICATION**

610 RICHARDS STREET
KNOXVILLE, TENNESSEE 37921

TELEPHONE # (865) 215-8415
FAX # (865) 215-8405

Attn: David Griffin

Date: _____

Revised 4-17-08

Please complete all information requested on this form and return it to the address noted above with a copy of your Knox County Business License and Knoxville Business License (when bidding on City properties). Legible faxed copies will be accepted. Your application cannot be processed until the Public Building Authority receives the photocopy of your license(s).**

Please notify the Property Management division immediately of any and all changes to the information on this application.

New Application

Information Change

1. FEDERAL TAX I.D.# OR SOCIAL SECURITY #:

KNOX COUNTY BUSINESS TAX #: _____ KNOXVILLE BUSINESS TAX # (if applicable): _____

2. APPLICANT'S NAME AND MAILING ADDRESS FOR BID FORMS AND PURCHASE ORDERS: _____

3. MAILING ADDRESS FOR PAYMENTS (IF DIFFERENT FROM ITEM 2): _____

4. PERSON(S) TO CONTACT ON BIDS OR QUOTES:

NAME	OFFICIAL CAPACITY	TELEPHONE # (AREA CODE)	FAX # (AREA CODE)

5. LIST ITEMS OR SERVICES YOUR FIRM WOULD BE INTERESTED IN PROVIDING TO PUBLIC BUILDING AUTHORITY.

6. IS YOUR COMPANY A SMALL BUSINESS AS DEFINED BY THE U.S. SMALL BUSINESS ADMINISTRATION?

YES ___ NO ___
GOVERNMENT NON-PROFIT

7. ARE YOU INCORPORATED? YES ___ NO ___ IF YES ARE YOU PUBLICLY TRADED? YES ___ NO ___

8. OWNER/MAJORITY SHAREHOLDER GENDER: FEMALE ___ MALE ___

9. IDENTIFY COMPANY CLASSIFICATION:
 AMERICAN INDIAN OR ALASKA NATIVE _____
 ASIAN _____ HISPANIC OR LATINO _____
 BLACK OR AFRICAN AMERICAN _____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____
 OTHER _____ CAUCASIAN _____

10. IS YOUR BUSINESS CLASSIFIED AS A DISADVANTAGED BUSINESS? YES ___ NO ___ OTHER _____

11. ARE YOU AWARE OF ANY FAMILIAL RELATIONSHIP OR BUSINESS RELATIONSHIP BETWEEN ANY MEMBER OF YOUR FIRM AND ANY EMPLOYEE OR OFFICIAL OF THE PUBLIC BUILDING AUTHORITY?

IF YES, PLEASE EXPLAIN THE NATURE OF THE RELATIONSHIP _____

I HEREBY CERTIFY THAT INFORMATION SUPPLIED HEREIN IS CORRECT.

TYPE OR PRINT NAME AND TITLE OF PERSON SIGNING APPLICATION _____ SIGNATURE _____