



## VENDOR INFORMATION FORM

Please provide the City of Santa Cruz with the items checked below. The required documentation must be returned to the City before a purchase order or payment can be issued.

**Insurance**

A certificate of insurance meeting the City's requirements is required before a company can begin work for the City. Have your insurance agent send an insurance certificate to City of Santa Cruz, Risk Management, via email at [InsCert@cityofsantacruz.com](mailto:InsCert@cityofsantacruz.com) or mail to 1200 Pacific Avenue, Suite 290, Santa Cruz CA 95060. For questions, contact Risk Management, phone (831) 420-5057.

**City of Santa Cruz Business Tax Certificate**

If your company does any business in the city limits of Santa Cruz you are required to have a city of Santa Cruz business License Tax Certificate. Additional information is available [online](http://cityofsantacruz.com) at cityofsantacruz.com > Business > Business Licenses & Permits, or by calling the Revenue Division at (831) 420-5070.

**Living Wage**

Your company is providing services for the city that require you pay your employees as required by the City's Living Wage ordinance. You must submit a [living wage compliance form](#) before your company can begin work for the City. Additional information is available [online](http://cityofsantacruz.com) at cityofsantacruz.com > Business > Selling to the City, or by calling the Purchasing Division at (831) 420-5080.

**Return all documents to:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_@cityofsantacruz.com Phone Number: \_\_\_\_\_

*Internal Instructions:*

- 1) Check the items on page 1 that the vendor needs to return with their Vendor Information Form
- 2) Put your contact information on page 1.
- 3) When the vendor returns all items, enter a draft purchase order. Electronically attach the Vendor Information Form and the Living Wage Compliance Statement (if applicable) to the draft purchase order.
- 4) **Send insurance (if applicable) to Risk Management.**



**VENDOR INFORMATION FORM**

Business Name: \_\_\_\_\_

If sole proprietor or partnerships, owner's name: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Request for Taxpayer Identification Number and Certification** (Substitute IRS Form W-9)

Check appropriate boxes:  Individual/Sole proprietor     Corporation     Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) \_\_\_\_\_  Other \_\_\_\_\_

**Taxpayer Identification Number (TIN)**  
Enter you TIN in the appropriate box. The TIN provided must match the name given to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

SSN: \_\_\_\_\_ OR EIN: \_\_\_\_\_

**Certification**  
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Check box if you agree to the above certification.

Certification completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remittance Name (if different from above) \_\_\_\_\_

Remittance Address: (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**City of Santa Cruz Business Tax Certificate** Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Sales Tax** What percentage of sales tax do you collect for sales in the City of Santa Cruz? \_\_\_\_\_% [ ] n/a

**Early Pay Discount** A \_\_\_\_\_ % discount is offered for payment within \_\_\_\_\_ days.

**ACH Payments** The City of Santa Cruz Accounts Payable Division offers ACH as a payment option to vendors. By signing up for ACH you will also need to authorize access to the City of Santa Cruz to debit the account for any credits due to the City.

**Emergency Resource List** Check this box if you would like to provide goods or services to the City during a declared emergency.

**Non-resident Withholding** (out of state companies) The City withholds 7% from non-residents as directed by the California Franchise Tax Board. Companies that are exempt, or allowed a reduced withholding, must submit the appropriate [California Franchise Tax Board form](#) to the City. For questions information contact Accounts Payable at (831) 420-5170.

