



**CITY OF DAHLONEGA**

Finance Department  
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Dahlonega, GA 30533  
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**VENDOR REGISTRATION**

(Please complete each line)

DATE: \_\_\_\_\_

**NAME OF VENDOR:** (  Business  Individual ): \_\_\_\_\_

SUPPLY VENDOR       SERVICE VENDOR

DOES YOUR COMPANY HAVE EMPLOYEES:  Yes  No

IS YOUR COMPANY LICENSED TO DO BUSINESS IN GEORGIA:  Yes  No

**BUSINESS INFORMATION:**

CONTACT NAME: \_\_\_\_\_

COMPLETE STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Complete Mailing Address (if different from above): \_\_\_\_\_

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

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CORPORATE WEBSITE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME ON TAX RETURN (if different from vendor name above): \_\_\_\_\_

ORGANIZED AS:  Individual  Partnership  Corporation  Limited Liability Company  Other

FEDERAL EIN -or- SOCIAL SECURITY #: \_\_\_\_\_

**SUMMARY OF PRODUCTS/ SERVICES PROVIDED TO THE CITY:** \_\_\_\_\_

DAHLONEGA BUSINESS LICENSE # \_\_\_\_\_ EXPIRES \_\_\_\_\_ LUMPKIN CO. BUSINESS LICENSE # \_\_\_\_\_ EXPIRES \_\_\_\_\_

WHAT TYPE OF BUSINESS INSURANCE DO YOU CARRY? WHAT ARE THE MAXIMUM BENEFITS? \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_ NORMAL SELLING TERMS & DISCOUNTS OFFERED \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**TO BE COMPLETED BY THE CITY OF DAHLONEGA**

Are the following items included with this registration document?

- W-9
- Affidavit if service vendor with employees
- Copy of Driver's License if service vendor with no employees
- Insurance Certificate

VENDOR ID #: \_\_\_\_\_