



Dear Vendor:

Thank you for your interest in becoming an approved vendor with the City of Dahlonega. To complete the vendor application process, complete and return the attached Vendor Packet. The requested information allows us to comply with City, County, State and Federal laws and regulations. If you have any questions while completing your Vendor Registration, please contact our Finance Department at, purchasing@dahlonega.gov

The following documents must be returned to the City in order to make your company an active vendor with the City:

1. **Vendor Application:** Ensure that all information you include on this application is accurate and legible. This is our primary way of contacting the proper people within your company.
2. **IRS Form W-9:** Only remit the first page of the four-page document. Ensure that you include your social security number or employer identification number. Please make sure this page is signed and dated before submitting.
3. **Contractor Affidavit Under O.C.G.A. 13-10-91(b)(1): (SERVICE VENDORS ONLY)**
 - a. If you are a service provider, you must include the **E-Verify Number** that is provided once you register with the Federal E-Verify system or indicate that you or your company qualify as exempt (zero employees). Ensure that you enclose the original signed and notarized affidavit unless you are exempt (zero employees). If you are exempt, a copy of your driver's license will be needed to fulfill requirements instead of this form.
4. **Insurance Requirements: (SERVICE VENDORS ONLY)**
 - a. If you are a service provider, before commencing any work for the City of Dahlonega, you MUST furnish a valid General Liability Certificate of Insurance with a minimum limit of \$1,000,000 per occurrence for bodily injury and property. The City of Dahlonega should be shown as an additional insured.

A valid Worker's Compensation Certificate of Insurance should be submitted if you are on On-Site Service Vendor. This is required by Georgia State Law if you have more than 3 employees.

- a. Worker's Compensation Statutory Limits
- b. Employer's Liability
 - i. Bodily Injury by Accident - \$100,000
 - ii. Bodily Injury by Disease - \$500,000 policy limit
 - iii. Bodily Injury by Disease - \$100,000 each employee

Auto Liability Certificate of Insurance (if auto is used to perform work): Minimum \$1,000,000 limit per occurrence for bodily injury and property damage. Comprehensive form covering all owned and non-owned and hired vehicles needed.

Professional Services Insurance (required by all professional service vendors): Minimum \$1,000,000 limit.

5. Agreement for Electronic Payments (Optional):

The City of Dahlonega remits payment according to invoice terms. Checks are printed and mailed once a week. If you would like to accept payment via ACH Bank Draft, complete the attached form. This is an optional service the City of Dahlonega provides to its Vendors.

Please return all completed paperwork to:

City of Dahlonega

465 Riley Road Dahlonega, GA 30533

purchasing@dahlonega.gov

Last Updated 02/2025



CITY OF DAHLONEGA
465 Riley Road
Dahlonega, Georgia 30533
Phone: 706-864-6133 • Fax: 706-864-4837

VENDOR REGISTRATION

GENERAL BUSINESS INFORMATION:

(☐ Business or ☐ Individual)

NAME OF VENDOR:

STREET ADDRESS:

CITY/STATE/ZIP:

Mailing Address (if different than above):

City/State/Zip:

CORPORATE WEBSITE:

PHONE:

PRINCIPAL LINE OF BUSINESS (SUPPLIES/SERVICES PROVIDED):

SELLING TERMS & DISCOUNTS OFFERED:

IS YOUR COMPANY LICENSED TO DO BUSINESS IN GEORGIA? ☐ YES ☐ NO

Please Select One:

☐ SUPPLY VENDOR

☐ SERVICE VENDOR (SERVICE VENDORS: PLEASE VERIFY IF YOU ARE AN OFF-SITE VENDOR OR ON-SITE VENDOR)

☐ OFF-SITE VENDOR

☐ ON-SITE VENDOR

SERVICE VENDORS ONLY:

DOES YOUR COMPANY HAVE EMPLOYEES? ☐ YES ☐ NO

IF YES, DOES YOUR COMPANY HAVE MORE THAN 3 EMPLOYEES? ☐ YES* ☐ NO

**IF YES, YOU WILL HAVE TO PROVIDE PROOF OF WORKER'S COMP INSURANCE IF SERVICE VENDOR*

BUSINESS REPRESENTATIVES:

OFFICIAL REPRESENTATIVE'S NAME:

TITLE:

EMAIL:

PHONE:

OFFICIAL REPRESENTATIVE:

TITLE:

EMAIL:

PHONE:

OFFICIAL REPRESENTATIVE SIGNATURE

TITLE:

PRINTED NAME

DATE:

TO BE COMPLETED BY THE CITY OF DAHLONEGA

- ☐ IRS W-9
- ☐ E-VERIFY AFFIDAVIT (IF SERVICE VENDOR WITH EMPLOYEES)
- ☐ PRIVATE EMPLOYER AFFIDAVIT & DL (IF SERVICE VENDOR WITH NO EMPLOYEES)
- ☐ CERTIFICATE OF INSURANCE (IF SERVICE VENDOR)
- ☐ ACH AGREEMENT

VENDOR ID #: _____

Last Updated 06/2024

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



STATE OF GEORGIA
CITY OF DAHLONEGA

**IMMIGRATION AND SECURITY FORM
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDACIT)**

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of The City of Dahlonega has registered with, is authorized to use and uses the Federal Work Authorization Program known as E-VERIFY, or any subsequent replacement program in accordance with the applicable provisions and deadlines established in O.C.G.A § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A § 13-10-91(b). Contractor hereby attests that its Federal Work Authorization User Identification Number and Date of Authorization are as follows:

E-Verify Company Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, _____ in _____ (City), _____ (State).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer of Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, _____.

NOTARY PUBLIC

My Commission Expires: _____



AGREEMENT FOR ELECTRONIC PAYMENTS

AUTHORIZATION OF ELECTRONIC FUNDS TRANSFERS

I hereby authorize the City of Dahlongega to initiate a CREDIT entry to my account as indicated below.

Financial Institution Name _____

Account Title _____

ABA Routing # _____

Account Number _____

Please mark the appropriate account type: ☐ Checking or Money Market ☐ Savings

This authorization is to remain in effect until the City of Dahlongega has received written notification of its termination.

Authorized Signer _____

Printed Name _____

Email Address for Remittance Notices _____

Phone Number for Payment Issues or Inquiries _____

Vendor Name _____

Date _____ Vendor Number _____

REVOCATION OF ELECTRONIC FUNDS TRANSFERS*

I hereby revoke the City of Dahlongega's authority to initiate a CREDIT entry to my account.

Effective Date _____

Authorized Signer _____

Printed Name _____

Vendor Name _____

Date _____ Vendor Number _____

*Please allow 10 business days for processing the revocation.

SAMPLE ONLY - HIGHLIGHTED FIELDS INDICATE NECESSARY INFORMATION

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder in an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement of this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

NAME OF INSURANCE COMPANY
ADDRESS
CITY, STATE, ZIP CODE

CONTACT NAME:

NAME OF AGENT

PHONE (A/C, No, Ext):

AGENCY PHONE NUMBER

FAX (A/C, No):

EMAIL ADDRESS:

AGENCY EMAIL

INSURER(S) AFFORDING COVERAGE

NAIC#

INSURANCE CARRIER(S) NAMES

INSURED

NAME OF VENDOR
COMPANY NAME
ADDRESS
CITY, STATE, ZIP CODE

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MA HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>		POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	EACH OCCURRENCE		\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$
							MED EXP (Any one person)		\$
							PERSONAL & ADV INJURY		\$
							GENERAL AGGREGATE		\$2,000,000
							PRODUCTS - COMP/OP AGG		\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident)		\$
							BODILY INJURY (Per person)		\$
							BODILY INJURY (Per accident)		\$
							PROPERTY DAMAGE (Per accident)		\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE		\$
							AGGREGATE		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNERSHIP/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			MUST SHOW PROOF OF WC AND DISABILITY INSURANCE ON SEPARATE FORM			WC STATUTORY LIMITS	OTHER	\$
							E.L. EACH ACCIDENT		\$
							E.L. DISEASE - EA EMPLOYEE		\$
							E.L. DISEASE - POLICY LIMIT		\$

DESCRIPTION OF OPERATIONS / LOCATIONS/ VEHICLES

(Enter name of the event) in the (enter state office building name and location) on (enter date).

CERTIFICATE HOLDER

CANCELLATION

City of Dahlonega
465 Riley Road
Dahlonega, GA 30533

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE