

VENDOR APPLICATION FORM

	COMPANY IN	IFORMATION									
Company Name:						New		Update			
Address:											
City:	State:		ZIP Code:								
Telephone:	Fax:		Web Address:								
Products/Services That Company Provides:											
Type of Organization (Check One): Individual Partnership Non-Profit Organization Corporation											
FEIN: Social Sec		Social Secu	rity:								
BILLING CONTACT INFORMATION											
Name/Title:											
Address:											
City:	State:			ZIP Code:							
Telephone:	Fax:			Email:							
PAYMENT REMITTANCE INFORMATION											
Company Name:											
Address:											
City:	State:			ZIP Code:							
PURCHASE ORDER CONTACT INFORMATION											
Name/Title:											
Address:											
City:	State:			ZIP Code:							
Telephone:	Fax:			Email:							
PLEASE PROVIDE A CURRENT COPY OF A TAX IDENTIFICATION FORM (W-9)											
RETURN COMPLETED FORM TO: Village of Hoffman Estates 1900 Hassell Road Hoffman Estates, IL 60169 Tel: 847-882-9100 Fax: 847-843-4822 accountspayable@hoffmanestates.org											
For Internal Use Only:											
Vendor Number:	Created By:			Date:							
W-9 Provided: ☐ Yes ☐ No (\	N-9 MUST Be Provide	d)									



VENDOR STATUS FORM

COMPANY INFORMATION											
Company Name:				New		Update					
COMPANY STATUS PER IL P.A. 102-0265 (CHECK ALL THAT APPLY)											
In accordance with Illinois Public Act 102-0265, the Village of Hoffman Estates is required to make a good faith effort to collect and publish certain demographic information provided by our vendors and subcontractors doing business with us. We are required to report whether the vendor or subcontractor is a minority, woman or veteran-owned business as defined by Illinois Law. In addition, we are required to report whether the vendor is a small business under the Small Business Administration standards (SBA).											
Small Business/meets certification requirements as a small business under SBA											
standards (more information can be found at http://www.sba.gov) Self-Certification Holds Certification											
Average Number of Employees:	Average Annual Receipts Less th	nan \$7.5 million	Yes		∟ No	,					
Minority-Owned Business-A business which is at least 51% owned by one or more minority persons or, in the case of a corporation, at least 51% of the stock in which is owned by one or more minority person and the management and daily business operations of which are controlled by one or more of the minority individuals who own it.											
or more of the minority individuals		Self-Certification									
Women-Owned Business-A business which is at least 51% owned by one or more women or in the case of a corporation, at least 51% of the stock in which is owned by one or more women and the management and daily business operations of which are controlled by one or more of the women who own it. Self-Certification Holds Certification											
Veteran-Owned Small Business-A small business (i) that is at least 51% owned by one or more qualified veterans living in Illinois or, in the case of a corporation, at least 51% of the stock of which is owned by one or more qualified veterans living in Illinois; (ii) has its home office in Illinois; (iii) for which items (i) and (ii) are factually verified annually by the Commission on Equity and Inclusion. Self-Certification Holds Certification											
☐ None of the above apply											
Name of Person Completing Form:											
Signature:											
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