



CITY OF DAHLONEGA

Finance Department
465 Riley Road
Dahlonega, GA 30533
Office (706) 864-6133
Fax (706) 864-4837

accountspayable@dahlonega-ga.gov

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 #: _____