



**City of Franklin, KY
117 West Cedar St
Franklin KY 42134**

Thank you for your interest in becoming a vendor with the City of Franklin. We are honored that you have chosen to do business with us and be a part of our future growth. Our staff is committed to providing the information and services required to create a seamless business transaction.

Attached are the applications and documents necessary for registration as a vendor with our City. It is our goal to provide you with the assistance needed to complete this process.

Again, thank you for your interest and we welcome the opportunity to work with you and look forward to achieving our goals together. Please do not hesitate to contact our purchasing agent Jennifer Knight with questions you may have at 270-482-5540 or jennifer.knight@franklinky.org.



**City of Franklin
Vendor Application Form**

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____

Federal Tax ID Number: _____

_____ **Company Information** _____

Contact Name: _____ **Title:** _____

Email: _____ **Direct Phone Number:** _____

Address for Remittance: _____

City/State/Zip: _____

Signature:

Date:

Office Use Only:

Vendor Application Form _____

Certificate of Liability Insurance _____

Business License Application _____

W-9 Received _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should 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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
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or												
Employer identification number												
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Part II 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 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

This City of Franklin requires a current Certificate of Liability Insurance if you will be working on site of any property owned or maintained by the City.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 is 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 on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Producer Name Producer Address Producer Phone Number		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
INSURED Contractor Name Contractor Address		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Carrier A	NAIC # 12345
		INSURER B: Carrier B	12345
		INSURER C: Carrier C	12345
		INSURER D:	
		INSURER E:	
		INSURER F:	

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

QISR LTR	TYPE OF INSURANCE	ADDL. INSR. (INSR WVD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		Policy Number	04/01/2011	04/01/2012	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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULE D AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		Policy Number	04/01/2011	04/01/2012	UNWRITTEN SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		Policy Number	04/01/2011	04/01/2012	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NY) (If yes, describe under DESCRIPTION OF OPERATIONS below)					WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

NYS OGS Contract Number & Project Location

The People of the State of New York, its Officers, Agents, and Employees are named as additional insureds.

30-Day Notice of Cancellation

CERTIFICATE HOLDER New York State Office of General Services Design & Construction Group Bureau of Risk & Insurance Management 32nd Floor, Corning Tower, GNARESP Albany, NY 12242	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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City of Franklin
Business License Application
PO Box 2805
Franklin, KY 42135
Phone: 270-586-4497 Fax: 270-586-9419
www.franklinky.org

City Account Number: _____

★ Business Name: _____ ★ Phone #: _____

★ Physical Address: _____ Fax #: _____

_____ Email Address: _____

Start Date in Franklin: _____ Site Location: _____

★ Contact Person: _____ ★ Description of Business: _____

Will you have employees working in Franklin? No Yes # of Employees _____

★ Check Entity Type:

Sole Proprietor Partnership Corporation Limited Liability Company Limited Liability Partnership Manufacturing

Non-Profit Sexual Oriented Business Other: _____

NON-PROFIT MUST ATTACH IRS ACKNOWLEDGEMENT OF TAX EXEMPT STATUS

★ Accounting Period per Federal Return:

Calendar Year: _____ OR Fiscal Year End Date: _____

★ Business Identification:

Federal ID Number: _____ OR Social Security Number: _____

I, the undersigned, am aware that the City of Franklin had a 1% payroll withholding fees on payrolls within the city, regardless of residence of employee, and am aware of my obligation as an employer to withhold this fee from employees and remit payments to the city quarterly. Furthermore, I am aware that a Business License Reconciliation must be filed annually based on upon the business gross receipts. I understand that this return must be completed regardless of profit earned. I hereby certify, under penalty of perjury, that the statements made herein are true, correct, and complete to the best of my knowledge.

Applicant Signature

Date

Approved By

★★ Please provide a copy of the owner's valid driver's license or picture ID along with application ★★

★ Please turn over on back to complete application ★

Business Mailing Address:

Phone #: _____

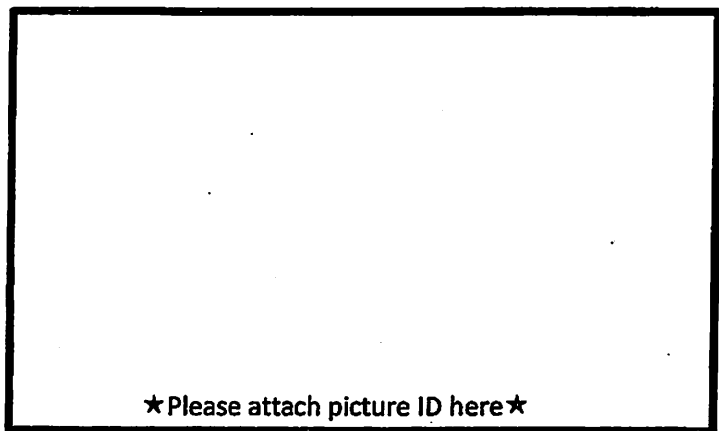
Fax #: _____

Email: _____

Owner Information: (List Partners if Partnership, List Officers & Titles if Corporation)

Please List any other business entities you have had in the City of Franklin:

List of Subcontractors (including labor) you will be using:



The License Fee Division must be notified in writing if your business ceases operation. You will be assumed in business until this written statement is received.

★★ Please provide a copy of the owner's valid driver's license or picture ID along with application ★★

Revised 07/2014

