



City of Lake City

Purchasing & Contracting

205 N Marion Avenue
Lake City, FL 32055
(386) 719-5816 or 719-5818
Fax: (386) 755-6112
Email: purchasing@lcfla.com

Vendor/Service Provider Application

Company/Individual Name _____

Type of Business _____

Service/Product Provided _____

Contact Person _____

Federal ID # _____

OR

Is 1099 required? YES NO

Social Security # _____

(Administrative Directive #31 policy notice is attached)

Remittance Address _____

(Please include – City, State and Zip Code)

Physical Address _____

(Please include – City, State and Zip Code)

Telephone () _____ Fax () _____

E-Mail Address _____

Signature _____ Date _____

Printed Name _____

****All Service Providers must attach a copy of a Certificate of Insurance for General Liability, Vehicles and Workers Compensation, if applicable****

City of Lake City – Staff Use Only

Requested By: _____ Dept. _____ Date _____

Purchasing Dept. Approval _____ Date _____

Insurance Needed Yes No Vendor Number _____