



## MACON-BIBB COUNTY VENDOR APPLICATION PACKAGE

### VENDORS:

*Thank you for your interest in doing business with Macon-Bibb County.*

Please complete this entire package and return to us so that we may either 1) set you up as a new vendor, or 2) periodically verify or update your existing information. Following are the required documents:

- Macon-Bibb County Vendor Application (attached)
- W-9 Form (Request for Taxpayer Identification Number and Certification) (attached)
- Copy of current year Business License – for all vendors, including individuals. Contact Business Development Services (478) 803-0470 with any questions regarding business licensing.
- Georgia Security and Immigration Compliance Act (E-Verify) Affidavit
  - E-Verify And Private Employer Affidavit (attached) - must be completed, signed, and notarized
  - Contractor Affidavit under OCGA Sec. 13-10-91(b)(1) (attached in the additional information if needed file) – must be completed, signed, and notarized if contracting with Macon-Bibb County for the physical performance of services over \$2499.99 and have ANY employees. If contracting for physical performance of services over \$2499.99 and have NO employees, please provide a copy of driver's license.

For more information regarding the E-Verify program and documentation, please refer to <https://e-verify.uscis.gov/enroll/StartPage.aspx?JS+YES>

PLEASE RETURN THE ABOVE-MENTIONED DOCUMENTS VIA email to [procurement@maconbibb.us](mailto:procurement@maconbibb.us) or FAX at (478) 751-7252 or MAIL TO:

Macon-Bibb County Procurement Department  
700 Poplar Street  
Suite 308  
Macon, GA 31201

DO NOT RETURN - Sales Tax Certificate of Exemption/Macon-Bibb County (For Your Records)  
Please note that we are exempt from sales tax and be sure to set up our account so that sales tax is not charged.

For question about the vendor application, please contact Nan Tharpe, Procurement Officer II at (478) 803-0550 or [ntharpe@maconbibb.us](mailto:ntharpe@maconbibb.us)

For any inquiries regarding small businesses or DBE/MBE, please contact Mr. Sam Henderson, Small Business Affairs at (478) 751-7170 or [shenderson@maconbibb.us](mailto:shenderson@maconbibb.us)

Please be sure to check the Macon-Bibb County website at [www.maconbibb.us](http://www.maconbibb.us) (click "Department/Procurement/Active Solicitations" tab) for bid information.

Thank you again for your interest in Macon-Bibb County.

**Kimberly Bradley**  
Procurement Officer III  
Macon-Bibb County

**Nancy Tharpe**  
Procurement Officer II  
Macon-Bibb County



# MACON-BIBB COUNTY

## Vendor Application

Date Submitted: \_\_\_\_\_

New Application

Revised Application

### RETURN THIS COMPLETED FORM TO:

Macon-Bibb County Procurement Department  
700 Poplar Street, Ste. 308  
Macon, GA 31201

Phone: 478-803-0550  
Fax: 478-751-7252  
Email: [procurement@maconbibb.us](mailto:procurement@maconbibb.us)

#### GENERAL VENDOR INFORMATION

Company Name:	
Company Address:	
Authorized By (Name):	
Title:	
Authorized Signature:	Date:
Telephone Number:	Fax Number:
Email Address:	

#### REMITTANCE INFORMATION (where payments should be sent)

Remit to Name:		
Remit to Address:		
Phone:	Fax:	Toll Free:
Contact:	Email:	
Business Type (choose one):	<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Single member LLC
	<input type="checkbox"/> Business - incorporated	<input type="checkbox"/> Business - not incorporated/partnership
	<input type="checkbox"/> LLC: C S P (circle one)	<input type="checkbox"/> Other (Specify):
Social Security #:	Federal Tax ID #:	

#### PURCHASE ORDER INFORMATION (where purchase orders should be sent)

Purchase Order Name:		
Purchase Order Address:		
Phone:	Fax:	Toll Free:
Contact:	Email:	
Payment Terms: Discount %	# Days	Net Due
Freight Terms: Ship Via	FOB	

#### E-Verify Information

Private Employer Affidavit is attached :
With E-Verify # _____ With E-Verify exemption selected _____
Contractor Affidavit is attached: (additional affidavit, if applicable)
With E-Verify # _____ Without E-Verify # but a copy of my driver's license is attached since I have no employees and no intent to hire employees _____

#### MBE/DBE/WBE STATUS (Select at least one)

Minority Owned (African American, Hispanic, Native American, Asian American) circle one _____
Woman Owned _____ Disabled _____ Veteran _____ Not Applicable _____

Do you maintain a local office in Macon-Bibb County? Yes _____ No _____
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# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	Exemption from FATCA reporting code (if any) _____
	<b>Note:</b> 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 <b>not</b> 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.	<small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Other (see instructions) ▶ _____	
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	
<b>6</b> City, state, and ZIP code		
<b>7</b> 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.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

### 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.

<b>Sign Here</b>	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](http://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.*

# E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT

Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies one of the following with respect to its application for an occupational tax certificate, alcohol license, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Business Name: \_\_\_\_\_

## **SECTION 1** (Choose ONE of the following)

- (A)  On January 1 of the below-signed year, the individual, firm, or corporation employed **ten (10) or less employees.** (Proceed to Section 3)
- (B)  On January 1 of the below-signed year, the individual, firm, or corporation employed **more than ten (10) employees** and has registered with the E-Verify program. (Proceed to Section 2)

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## **SECTION 2**

The employer has registered with and utilizes the Federal Work Authorization program commonly known as E-Verify, in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6. The undersigned private employer also attests that its E-Verify number and date of authorization are as follows:

E-Verify Number: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_ (Proceed to Section 3)

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## **SECTION 3**

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

Printed Name of Authorized Officer or Agent: \_\_\_\_\_

Title of Authorized Officer or Agent: \_\_\_\_\_

Signature of Authorized Officer or Agent: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

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NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_