



CITY OF DAHLONEGA
465 Riley Road
Dahlonega, Georgia 30533
Phone: 706-864-6133 • Fax: 706-864-4837

VENDOR REGISTRATION

GENERAL BUSINESS INFORMATION:	
NAME OF VENDOR: (<input type="checkbox"/> Business or <input type="checkbox"/> Individual):	
STREET ADDRESS:	
CITY/STATE/ZIP:	
Mailing Address (if different than above):	
City/State/Zip:	
CORPORATE WEBSITE:	PHONE:
PRINCIPAL LINE OF BUSINESS (SUPPLIES/SERVICES PROVIDED):	
SELLING TERMS & DISCOUNTS OFFERED:	
IS YOUR COMPANY LICENSED TO DO BUSINESS IN GEORGIA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY OF DAHLONEGA BUSINESS LICENSE # (if applicable):	EXPIRES:
LUMPKIN COUNTY BUSINESS LICENSE # (if applicable):	EXPIRES:

Please Select One:

SUPPLY VENDOR

SERVICE VENDOR (**SERVICE VENDORS: PLEASE VERIFY IF YOU ARE AN OFF-SITE VENDOR OR ON-SITE VENDOR**)

OFF-SITE VENDOR

ON-SITE VENDOR

DOES YOUR COMPANY HAVE EMPLOYEES? YES NO

IF YES, DOES YOUR COMPANY HAVE MORE THAN 3 EMPLOYEES? YES* NO

***IF YES, YOU WILL HAVE TO PROVIDE PROOF OF WORKER'S COMP INSURANCE IF SERVICE VENDOR**

BUSINESS REPRESENTATIVES:	
OFFICIAL REPRESENTATIVE'S NAME:	TITLE:
EMAIL:	PHONE:
OFFICIAL REPRESENTATIVE:	TITLE:
EMAIL:	PHONE:

OFFICIAL REPRESENTATIVE SIGNATURE

TITLE:

PRINTED NAME

DATE:

TO BE COMPLETED BY THE CITY OF DAHLONEGA

- IRS W-9
- E-VERIFY AFFIDAVIT (IF SERVICE VENDOR WITH EMPLOYEES)
- COPY OF DRIVERS LICENSE (IF SERVICE VENDOR WITH NO EMPLOYEES)
- CERTIFICATE OF INSURANCE (IF SERVICE VENDOR)
- ACH AGREEMENT

VENDOR ID #: _____