



CITY OF POMONA

Bidders Application

Return this form to: City of Pomona, Finance Department/Purchasing Division,
P.O. Box 660, Pomona, CA 91769 (909) 620-2381; or **Fax to:** (909) 620-3711

Name of Business _____

Business Address _____

Remittance Address (if different from Business Address) _____

Mail Bidding Forms to: _____
(Representative/Contact Name and Title)

Telephone: () _____ Fax: () _____

How long in present business? Yrs. _____ Mos. _____ Number of Employees: _____

Check type of ownership: Individual 1099, Provide Social Security Number: _____

Partnership OR Corporation, list Federal I.D. Number: _____

List below those supplies, materials and/or services that your company can supply to the City.
(Business cards and line sheet may be supplied)

Check below the category that applies to the applicant.

Manufacturer/Producer Distributor Service

Wholesaler Retailer Construction

Do you meet the requirements of a small business under Title 2, Subchapter 8 of the State of California Administrative Code: Yes No

Is your firm owned by at least 51% of one of the following groups? (*check only one*)

American Indian Alaskan Native African American Woman-owned

Asian American Filipino Hispanic Caucasian

Other (specify) _____

If your company is based in California,
provide retailer's permit serial number:

Provide retailer's Certificate of
Registration-Use Tax if out-of-state

If firm is a parent company, what is the status of the firm? Division Subsidiary

If firm is a division or subsidiary, list full name of parent company _____