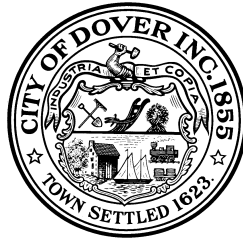


DANIEL R. LYNCH  
Finance Director  
[d.lynch@dover.nh.gov](mailto:d.lynch@dover.nh.gov)

ANN M. LEGERE, CPPB  
Purchasing Agent  
[a.legere@dover.nh.gov](mailto:a.legere@dover.nh.gov)



288 Central Avenue  
Dover, New Hampshire 03820-4169

(603) 516-6030  
Fax: (603) 516-6097  
[www.dover.nh.gov](http://www.dover.nh.gov)

## *City of Dover, New Hampshire*

OFFICE OF THE FINANCE DIRECTOR

### City of Dover NH Vendor Application

In order to be added to the Dover Master Vendor File you must first complete and sign below as well as the attached Alternate W-9 Form.

The City of Dover reserves the right to request further information (to include but not limited to, references, financial information, and proof of insurance) as part of any bid evaluation process as needed.

<b>Official Entity Name</b>	
<b>Address:</b>	
<b>City, State, Zip</b>	
<b>Email address:</b>	
<b>State of Incorporation</b>	
<b>Telephone #:</b>	

On behalf of the above-named company, I certify no employees of the City of Dover, or family members of employees of the City of Dover, have a financial interest, direct or indirect, in the business activities of the company.

The definition of "family" means a spouse, parent, grandparent, child, grandchild, sibling and those persons living in the same household as an employee of the City of Dover even if not related by blood.

In addition, I certify that no gifts of any value have been offered to, or received by, employees of the City of Dover from the above-named company, its principals, or its employees.

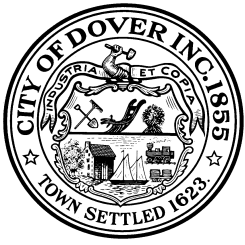
---

Duly Authorized (signature required)

---

Date

New Hampshire law requires that anyone doing business under any name other than his or her own must register that name with the Secretary of State. Business entity registration forms are available at the state NH website at <http://www.sos.nh.gov/corporate/Forms.html>



City of Dover NH  
Alternate W-9 Form

Please return this form to provide the requested information

Pursuant to IRS Regulations, you must furnish you Taxpayer Identification Number (TIN) whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 28% withholding on each payment made to you. To avoid this 28% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

**BUSINESS NAME:** \_\_\_\_\_

**ADDITIONAL OR DBA NAME:** \_\_\_\_\_

**LEGAL NAME:** \_\_\_\_\_

**PAYMENT REMIT TO ADDRESS:** \_\_\_\_\_

**CITY/TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PURCHASE ORDER MAILING ADDRESS:** \_\_\_\_\_

**CITY/TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TAXPAYER IDENTIFICATION NUMBER (TIN)** as used on IRS tax return

**Social Security # (SSN):** \_\_\_\_\_ **Fed ID# (EIN/FIN)** \_\_\_\_\_

**PRINCIPAL ACTIVITY**

Service Provider       Product/Merchandise Provider       Other Provider

List the principal type of service, product or other that is provided: \_\_\_\_\_

**DESIGNATION** (select ONLY THOSE which apply to you/your organization as provided to the IRS)

Individual/Sole-Proprietor       Partnership/LLP       Government  
 Corporation       Estate or Trust       Health Care Provider  
 LLC       Non-Profit (attach exemption)       Legal Services

*Under penalty of perjury, I declare tht the information provided is true, correct & complete, to the best of my knowledge & belief.*

**NAME & TITLE** (print or type) : \_\_\_\_\_

**TELEPHONE#:** \_\_\_\_\_ **TOLL FREE#:** \_\_\_\_\_ **FAX#:** \_\_\_\_\_

**SIGNATURE REQUIRED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_