CITY OF LIBERTY LAKE
22710 E COUNTRY VISTA DRIVE
LIBERTY LAKE WA 99019
(509) 755-6700 FAX (509) 755-6713
www.libertylakewa.gov

VENDOR ROSTER APPLICATION

Company Name: _____

Contact Name: _____

Mailing Address: _____

City / State / Zip Code: _____

Telephone: (___) _____ **Fax No.** (___) _____

Type of Ownership ☐ Corporation ☐ Single Proprietorship ☐ Partnership

- Minority and Women-Owned Businesses ☐ MBE ☐ WBE
- Licenses & Tax Identification

  Washington State Tax #: _____

  City of Liberty Lake Business License ☐ No ☐ Yes License # _____
- Types of services, equipment or products:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

By signature below, I acknowledge that I have read and understand the requirements described in this application and to the best of my knowledge, information provided is a true representation of the named firm's ability to perform any contracts which may result by submittal of this application.

_____ _____ _____

Name and Title (typed or printed) *Signature* *Date*

Contact Ann Swenson @ (509) 755-6729 if you have any questions.