

CONTRACTOR APPLICATION

RETURN TO:
Lexington County Grant Programs Division
Attention: Sandy Fox
212 South Lake Drive, Suite 401
Lexington, SC 29072

Firm Name	Street	City and State	Zip Code

	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Privately Owned <input type="checkbox"/>
Contact Person			

Telephone	Fax	E-Mail Address

Federal Tax ID Number: _____

Please enter the names of corporation officers (if corporation), partners (if partnership), Owner (if private)

Name/Title	Address	SSN	Phone No.

Name/Title	Address	SSN	Phone No.

Name/Title	Address	SSN	Phone No.

Name/Title	Address	SSN	Phone No.

LIST CONSTRUCTION EXPERIENCE OF EACH OF THE PRINCIPALS: (Indicate if experiences is new construction, rehabilitation, historic renovation)

No. of Years in Business: _____

Other cities in which your firm or principals have operated _____

Business References (include local banks and material suppliers):

Name	Address	Phone No.

Name	Address	Phone No.

Name	Address	Phone No.
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Name	Address	Phone No.
------	---------	-----------

Name	Address	Phone No.
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Recent customers with whom you have done business:

Name	Address	Phone No.	Amount (\$)
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Name	Address	Phone No.	Amount (\$)
------	---------	-----------	-------------

Name	Address	Phone No.	Amount (\$)
------	---------	-----------	-------------

Name	Address	Phone No.	Amount (\$)
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Firms with which you have established credit:

Name	Address	Phone No.
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Name	Address	Phone No.
------	---------	-----------

Name	Address	Phone No.
------	---------	-----------

Name	Address	Phone No.
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Have you ever filed for bankruptcy? Yes No

List all Licenses and Certifications held by your company:

License/Certification type	License/Certification Number	Expiration Date
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License/Certification type	License/Certification Number	Expiration Date
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License/Certification type	License/Certification Number	Expiration Date
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License/Certification type	License/Certification Number	Expiration Date
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License/Certification type	License/Certification Number	Expiration Date
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List all insurance coverage held by your company: (please list company name, policy number, and coverage amount). **Please Note: To be allowed to bid on Lexington County Community Development Housing projects, Lexington County must be named as an “additional insured” on your general liability insurance policy. Current Certificates of Insurance must be provided with completed contractor application for all insurance policies required by Lexington County.**

Workers Compensation and Employers Liability

Comprehensive General Liability

Automobile Liability Insurance

Professional Liability (E&O)

Pollution Liability Insurance

Other

The undersigned contractor certifies that all information given herein is correct and that the information may be verified from any source and further agrees:

1. That the State of South Carolina contractors license class _____ and bond (if applicable) therefore is current, and that the undersigned contractor agrees to maintain current status of all licenses and bonds as required by the State and/or County.
2. That the contractor will perform the work in accordance with the description of work, general specification and all applicable State and/or County codes and zoning regulations and be subject to final inspection by the Community Development Rehabilitation Inspector and the appropriate County Code Inspector.
3. That if the work performed by the contractor is found to be unsatisfactory or if the contract relations between the contractor, homeowner, or other parties are found to be unsatisfactory, the contractor may be placed on probation, suspension, or may be debarred from Lexington County's Community Development Housing Programs as outlined in the Community Development Policies and Procedures.
4. That any required insurance and workers compensation will be provided by the contractor on request.
5. That she/he will abide by all applicable equal employment opportunity regulations.

By: _____

Title: _____

Date: _____



BIDDER/VENDOR APPLICATION
 (All County Bids Are Posted On Our Website At www.lex-co.com)

LEXINGTON COUNTY PROCUREMENT SERVICES
 212 S. LAKE DRIVE, SUITE 503
 LEXINGTON, SC 29072
 PHONE (803) 785-8107 FAX (803) 785-2240

NOTE: All Answers Should Be Typed Or Printed. Incomplete Applications May be Rejected.

_____		_____	
Vendor #:		Date/By:	
FOR COUNTY USE ONLY			
_____		_____	
Company Name (As Registered With IRS)		D/B/A (i.e. John C. Smith, D/B/A Smith Business Forms)	
_____		_____	
Mailing Address for Orders and/or Bids	City, State	Zip Code	Area Code and Phone #
_____		_____	
Remittance Address for Mailing Payment	City, State	Zip Code	Area Code and Fax #
_____		_____	
Street Address for Tax Reporting	City, State	Zip Code	Toll Free Telephone #

Email Address			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Federal Tax ID Number (FEIN) (REQUIRED) or If Tax ID Number (TIN) is Social Security Number, enter here			
<i>NOTE: A Completed W-9 Form must be attached and returned with vendor application.</i>			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/>			
South Carolina Sales Tax Registration # (If SC Sales Tax # not supplied, please state reason)			
Type of Organization (Check One) <input type="checkbox"/> Individual/Sole Propr. <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government			
Are Payments for Medical Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name and Title of Officers, Members or Owners of Concern, Partnership, etc. (i.e. John Smith, President)			

Name and Capacity of Persons Authorized to Sign Bids and Contracts on Behalf of Applicant			

Certification: Under the penalties of perjury, I certify that the information provided in this form is true, correct and complete and that neither the applicant nor any person (or concern) in any connection with the applicant as principal or officer, so far as is known, is not debarred or otherwise declared ineligible from bidding with Lexington County.			
_____		_____	
Authorized Signature		Printed Name	
_____		_____	
Title		Date	

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do NOT
send to the IRS.

Please print or type

Name (If a joint account or you changed your name, see **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** on page 2.

Social security number								

OR

Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II For Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- 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**
- 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.

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 on page 2.)

Sign Here

Signature ▶

Date ▶

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are an exempt payee.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding

include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive **will** be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or

5. You do not certify your TIN when required. See the Part III instructions on page 2 for details.

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure To Furnish TIN.—If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil Penalty for False Information With Respect to Withholding.—If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal Penalty for Falsifying Information.— Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs.—If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name.—If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole Proprietor.—You must enter your **individual** name as shown on your social security card. You may enter your business, trade, or “doing business as” name on the **business name** line.

Other Entities.—Enter the business name as shown on required Federal tax documents. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or “doing business as” name on the business name line.

Part I—Taxpayer Identification Number (TIN)

You must enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How To Get a TIN** below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.

Note: See the chart on this page for further clarification of name and TIN combinations.

How To Get a TIN.—If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5** from your local Social Security Administration office. Get **Form W-7** to apply for an ITIN or **Form SS-4** to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676).

If you do not have a TIN, write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester. Other payments are subject to backup withholding.

Note: Writing “Applied For” means that you have already applied for a TIN **OR** that you intend to apply for one soon.

Part II—For Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are **not** exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write “Exempt” in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester a completed **Form W-8**, Certificate of Foreign Status.

Part III—Certification

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

1. Interest, Dividend, and Barter Exchange Accounts Opened Before 1984 and Broker Accounts Considered Active During 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, Dividend, Broker, and Barter Exchange Accounts Opened After 1983 and Broker Accounts Considered Inactive During 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item **2** in the certification before signing the form.

3. Real Estate Transactions. You must sign the certification. You may cross out item **2** of the certification.

4. Other Payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. “Other payments” include payments made in the course of the requester’s trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services (including attorney and accounting fees), and payments to certain fishing boat crew members.

5. Mortgage Interest Paid by You, Acquisition or Abandonment of Secured Property, Cancellation of Debt, or IRA Contributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends,

and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person’s number must be furnished.

² Circle the minor’s name and furnish the minor’s SSN.

³ You must show your individual name, but you may also enter your business or “doing business as” name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

