

**City of Dothan  
Purchasing Division  
Vendor Registration Application**

Vendor Name: \_\_\_\_\_ FEIN/SS: \_\_\_\_\_

**Organization Type**

Corporation: \_\_\_\_\_ LLC: \_\_\_\_\_ Individual: \_\_\_\_\_ Other: \_\_\_\_\_

**Payment Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Order Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Solicitation Address**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You must provide your Federal Employer Identification Number or Social Security Number before you can be placed on the vendor list.

City of Dothan Ordinances require that any person or firm performing services within the city limits must possess a city privilege license. If you are not currently licensed by the City of Dothan you will be required to purchase such license. Should you have any questions please contact the Business License division at (334) 615-3166

