166 South High Street
501 Municipal Building
Akron, Ohio 44308
(330) 375-2060
(330) 375-2213 Fax

Kim Herron, C.P.P.
Purchasing Agent
PURCHASING DIVISION

Daniel Horrigan
Mayor

Vendor Application for Registration

To complete the Vendor Application, please list the commodities or services that you supply on page three.

Upon receipt of your application, and review of our needs, you **may** be eligible to **receive requests for quotations for commodities or services you provide.** Purchases over Fifteen Thousand Dollars are advertised in the legal section of the Akron Beacon Journal.

Purchases are normally made from firms located in the City of Akron whenever it is cost effective.

Special care should be taken in completing the application to assure that you receive only invitations for commodities or services for which you are a qualified vendor. This is most important since failure to respond to three (3) consecutive bid invitations will cause your name to be removed from the vendor file.

Vendors that are certified through the State of Ohio as a Minority Business Enterprise (MBE), an Encouraging Diversity, Growth and Equity (EDGE) entity, or a Disadvantaged Business Enterprise (DBE); or who are at least 51% owned and controlled by female persons are encouraged to identify themselves in Section 9 of the application.

Ability to deliver and maintain products and services in a timely and reliable fashion are critical factors in the City's purchasing process. We also check references, so please include a list with your application. Also, please note: Include local representative's names, addresses and phone numbers.

If you have any questions or require additional assistance, please contact me at the number listed above.

Respectfully,

Kim Herron

Purchasing Agent

Clear Form

Vendor's Application
for
The City of Akron, Ohio
166 South High Street #501
Akron, OH 44308
(330) 375-2060 phone (330) 375-2213 fax

Date _____ Federal ID# or Social Security # _____

New Application ☐ Change of Name/Address ☐

1. Applicant's Name and Mailing Address

2. Mailing Address for Payments *(if different from #1)*

Email _____ Fax _____
Website _____ Cell Phone _____

3. Type of Organization

☐ Individual ☐ Partnership ☐ Non-Profit Organization ☐ Corporation

If so, incorporated under the laws of what state? _____

If a Corporation or Partnership, please complete section #8.

4. How long in present business? _____

5. Persons authorized to sign bids, offers and contracts (Indicate if Agent):

NAME	OFFICIAL CAPACITY	TELEPHONE	FAX

6. Type of Business

☐ Manufacturer
☐ Factory Representative
☐ Wholesale Dealer
☐ Retail Dealer
☐ Service Establishment – Define _____
☐ Other - Define _____

☐ Construction
☐ Unlimited General Contractor
☐ Limited Sub-Contractor

7. Equipment Service Information

Location of Service Operation _____
Identity of Equipment Mfr. _____
Are you an authorized factory representative? ☐ Y ☐ N

8. **Corporations and Partnerships** – Please supply the following…

President	
Vice-President	
Secretary	
Treasurer	
Owner or Partners	

Affiliates of Applicant (Names, locations and nature of affiliation, if any)

9. **Proof of State of Ohio Certification Minority Business Enterprise (MBE) / Women's Business Enterprise (WBE) status, Articles of Incorporation or Business Ownership.**
Minority-owned and Women-owned vendors are encouraged to participate in the City of Akron MBE and/or WBE Programs. Please contact the City of Akron Office of Contract Compliance at (330) 375-2189 for further information.

State of Ohio MBE Submit Certified Date:	
WBE Submit Article of Incorporation showing 51% WBE ownership:	

List the name of your insurance company	
Insurance company telephone and fax	
Amount of liability insurance coverage	
Amount of property insurance	

List of Reference/Clients (Optional)

Name	Address	Phone

PLEASE LIST THE COMMODITIES THAT DESCRIBE YOUR SERVICES AND/OR SUPPLIES. PLEASE PRINT OR TYPE YOUR REPLY. THANK YOU.

I hereby certify that the information supplied herein is correct. *(Print or Type Name and Title)*

Clear Form | Print Form | Email Form | Help

GENERAL INFORMATION

Persons or concerns interested in being added to the City of Akron's vendor mailing list must file this application with the Purchasing Division.

After placement on the bidder's mailing list, a supplier's failure to respond (submission of bid, or notice in writing that you are unable to bid on a particular transaction but wish to remain on the active bidder's mailing list for that particular item) to invitations for bids, requests for proposals or requests for quotations will be understood by the City of Akron to indicate lack of interest and concurrence in the removal of the supplier's name from the bidder's mailing list for the items concerned.

Please notify the City of Akron Purchasing Division immediately of any changes. This includes change of name, address or telephone number, changes in personnel listed on this application and addition or deletion of items you are interested in providing.

DEFINITIONS RELATED TO ITEM 8:

Owners: Those persons or concerns having a financial interest of five percent (5%) or greater.

Affiliates: Business concerns are affiliates of each other when either direct or indirectly:

(a) One concern controls or has the power to control the other, or

(b) A third party controls or has the power to control both. In determining whether concerns are independently owned and operated and whether or not affiliation exists, consideration is given to all appropriate factors including common ownership, common management, and contractual relationship.