

CITY OF OAK RIDGE  
P.O. BOX 1  
OAK RIDGE, TENNESSEE 37831-0001  
(865) 425-1809 FAX (865) 482-8475

FINANCE DEPARTMENT  
BIDDER'S LIST APPLICATION

INITIAL APPLICATION  
 REVISION

DATE: \_\_\_\_\_

NAME AND ADDRESS OF APPLICANT'S MAIN  
BUSINESS OFFICE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

ORGANIZATION INFORMATION:

\_\_\_\_\_ INDIVIDUAL  
\_\_\_\_\_ PARTNERSHIP  
\_\_\_\_\_ CORPORATION

\_\_\_\_\_  
(STATE IN WHICH INCORPORATED)

\$ \_\_\_\_\_

(AVERAGE ANNUAL SALES)

MAILING ADDRESS IF DIFFERENT THAN ABOVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST OTHER CITIES YOU HAVE SOLD TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER IDENTIFICATION OR SOCIAL SECURITY NUMBER

\_\_\_\_\_

BANK REFERENCES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(# OF YEARS  
IN BUSINESS)

\_\_\_\_\_  
(AVG. # OF  
EMPLOYEES)

\$ \_\_\_\_\_

(APPROXIMATE INVENTORY STOCKED)

NAMES OF PERSONS AUTHORIZED TO SIGN BIDS AND CONTRACTS:

NAME

OFFICIAL TITLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAMES OF OFFICERS, MEMBERS OR OWNERS:

PRESIDENT: \_\_\_\_\_

VICE-PRESIDENT: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

TREASURER: \_\_\_\_\_

OWNERS OR PARTNERS: \_\_\_\_\_

\_\_\_\_\_

PRIMARY BUSINESS:

MANUFACTURER  
 WHOLESALER  
 RETAILER  
 DISTRIBUTOR  
 SERVICE  
 FACTORY REPRESENTATIVE

(PLEASE COMPLETE REVERSE SIDE OF THIS FORM)

PLEASE CHECK BELOW THE APPROPRIATE BUSINESS TYPE (S)

- CONTRACTOR-CONCRETE WORK
- CONTRACTOR-ELECTRICAL
- CONTRACTOR-GENERAL BUILDING
- CONTRACTOR-ROAD CONSTRUCTION
- CONTRACTOR-MASONRY, STONEMWORK
- CONTRACTOR-MISC. SPECIAL TRADE
- CONTRACTOR-PAINTING & DECORATING
- CONTRACTOR-PLUMBING, HVAC
- CONTRACTOR-ROOFING & SHEET METAL
- RETAIL-CHEMICAL SUPPLIES
- RETAIL-COMPUTERS & PRINTERS
- RETAIL-DRUG STORE/PHARMACY
- RETAIL-ELECTRIC SUPPLIES & TOOLS
- RETAIL-ELECTRIC SUPPLIES-CONTRACTOR
- RETAIL-ELECTRIC SUPPLIES-UTILITIES
- RETAIL-FURNITURE STORE
- RETAIL-GASOLINE & OTHER FUEL
- 
- 
- 
- 
- 
- 
- 

- RETAIL-HARDWARE STORE
- RETAIL-JANITORIAL SUPPLIES
- RETAIL-MAIL ORDER STORE
- RETAIL-MISCELLANEOUS STORE
- RETAIL-NEW AND USED AUTO DEALERS
- RETAIL-NURSERY & GARDEN STORE
- RETAIL-OFFICE SUPPLY STORE
- RETAIL-WATERWORKS SUPPLIES
- SERVICES-BLUE PRINTING
- SERVICES-EQUIPMENT RENTAL & LEASING
- SERVICES-LANDSCAPE & HORTICULTURAL
- SERVICES-MISCELLANEOUS BUSINESS
- SERVICES-MISCELLANEOUS PERSONAL
- SERVICES-PHOTO COPYING & PRINTING
- 
- 
- OTHER-PLEASE LIST BELOW

PLEASE INCLUDE ANY PERTINENT CATALOGS OR DESCRIPTIVE LITERATURE FOR ABOVE ITEMS WITH YOUR RETURN APPLICATION.

DOES YOUR FIRM QUALIFY IN ANY OF THE FOLLOWING CATEGORIES? (PLEASE CHECK)

- MINORITY BUSINESS ENTERPRISE
- WOMAN BUSINESS ENTERPRISE
- SMALL BUSINESS ENTERPRISE
- OTHER: \_\_\_\_\_

IF YES, PLEASE INCLUDE A COPY OF THE CERTIFICATION WITH YOUR RETURN APPLICATION.

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING FORM

\_\_\_\_\_  
TITLE