



Charlotte County Community Services Department Independent Contractor Vendor Application

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Date: _____

Name of Firm/DBA: _____

Principal Contact: _____

Business Address: _____
(Street Address, Building/Suite #)

(City) (State) (Zip)

What do you sell: _____

Applicant Name: _____
As it appears on Social Security Card (First Name) (M.I.) (Last Name)

Home Address: _____
(Street Address, Building/Suite # - Do not use a P.O. Box)

(City) (State) (Zip)

Business Phone: _____

Business Fax: _____

Cell Phone: _____

Email Address: _____

INS

Liability Insurance Carrier: _____

ID/Policy Number: _____

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Business is licensed (unless exempt by applicable law), permitted or certified to do business in the State of Florida: Yes No

Business & Professional Regulation License Number: _____

State of Florida Corporation Identification Number: _____

State of Florida Fictitious Name Registration Number: _____

Charlotte County Occupational License Number: _____

Driver's License Number: _____

State: _____

ID

Type of Organization: Individual/Sole Proprietorship Non-Profit Partnership Corporation

Social Security Number: _____ Date of Birth: _____

Federal Tax ID: Yes No Number: _____

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I hereby certify that the information supplied herein is correct and may be used as necessary for the applicant's criminal background check. This is a legal signature, please ensure all information is accurate:

Name Title

Approval of this application is contingent upon a satisfactory criminal background check of the applicant.

Office Use Only

Name Title