



**CITY OF ELK GROVE
PURCHASING DIVISION**

8401 Laguna Palms Way
Elk Grove, CA 95758

Phone: (916) 683-7111 Fax: (916)691-3182

**LOCAL VENDOR PREFERENCE
AFFIDAVIT OF ELIGIBILITY**

Complete all areas below. Incomplete forms may be rejected.

1. LEGAL NAME OF FIRM:

Mailing Address:

Physical Address (if different):

2. Year your business was established in Elk Grove:

3. Business License Number issued by Elk Grove City.

License Number:

Date Issued:

4. For transactions which require sales tax, provide the following Reseller information:

Reseller Permit Number:

Enter the Company Name and Address as it appears on permit:

5. The business will attribute any sales tax from the sale to the City of Elk Grove.

Does your business have more than one office in the State of California?

Yes

No

If Yes, specify the office location considered as the point-of-sale for sales tax purposes

Under the penalty of perjury, the undersigned states that the foregoing statements are true and correct. The undersigned also acknowledges that any person, firm, corporation or entity intentionally submitting false information to the City in an attempt to qualify for local preference shall be prohibited from bidding on City of Elk Grove products and services for a period of one (1) year.

Authorized Signature:

Date:

Printed Name & Title:

Phone:
