

CITY OF TREASURE ISLAND VENDOR APPLICATION



Please print or type and return to:

City of Treasure Island

120 108th Avenue

Treasure Island, FL 33706

NAME OF BUSINESS: _____

PHYSICAL BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REMITTANCE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

DESCRIPTION OF BUSINESS OR SERVICE: _____

CONTACT PERSON & TITLE: _____

CONTACT TELEPHONE: _____

I certify that the information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer so far as is known, is now debarred or otherwise declared ineligible by the City of Treasure Island from providing/furnish materials, supplies or services to the City or any agency thereof.

SIGNATURE OF PERSON AUTHORIZED TO SUBMIT APPLICATION:

NAME AND TITLE OF PERSON SIGNING:

DATE:

INITIAL APPLICATION ()

REVISION ()