

**CITY OF NAPA VINE
SMALL WORKS ROSTER**

Contractor Name: _____ Telephone No: () _____

Mailing Address: _____ Street Address: _____

Email: _____

Bank References: Name of Bank: _____

Address: _____

_____ Zip _____

Ownership: Corporation Proprietorship Partnership

Minority and Woman Owned Business: MBE WBE

Certificate Number: _____ Certificate Pending: _____

Contractor License Number: _____ WA State Tax No, _____

Federal Employer I.D. Number: _____

Bonding Company: _____

Policy Number: _____ Policy Limit: \$ _____

Check box(s) that best describes type of contract your firm qualifies to perform:

- | | |
|---|--|
| <input type="checkbox"/> Concrete Placement/Finishing | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> General Contracting | <input type="checkbox"/> Storm Drainage |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Sewerage Systems |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Street Repair |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Traffic Signalization |
| <input type="checkbox"/> Paving | <input type="checkbox"/> Water Systems |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Equipment Repair |

(Specify)

By signature below, I hereby affirm that the Contractor has no previous record of default in the performance of or failed to complete a written public contract, or has not been convicted of a crime arising from a previous public contract. The undersigned acknowledges that I have read and understand the requirements described in this application, and to the best of my knowledge, the information provided is a true representation of the contractor's ability to perform any contracts which may result by submittal of this application.

Date: _____ Signature: _____

Name/Title of Preparer: _____

Date: _____ Comm. Dev. Director Signature: _____