

# CITY OF TREASURE ISLAND VENDOR APPLICATION



Please print or type and return to:

City of Treasure Island

120 108<sup>th</sup> 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 ( )