



**COMMUNITY UNIT SCHOOL DISTRICT 300
PURCHASING DEPARTMENT**
300 Cleveland Avenue
Carpentersville, Il. 60110
847-426-1300 x362
Fax: 847-428-0964

VENDOR APPLICATION FORM (SUBJECT TO LOCAL LAWS)	APPLICATION DATE
Fill in all spaces. Insert "NA" in blocks not applicable. Type all entries	REVISION DATE

DATE: _____

COMPANY	HOW LONG IN PRESENT BUSINESS?
----------------	--------------------------------------

ADDRESS	CITY	STATE	ZIP
----------------	-------------	--------------	------------

CONTACT PERSON/REPRESENTATIVE	FAX NUMBER ()	PHONE AND EXTENSION ()
--------------------------------------	--------------------------	-----------------------------------

TYPE OF ORGANIZATION (Check Applicable) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	IF INCORPORATED INDICATE IN WHICH STATE
---	--

YEARS ESTABLISHED: _____

CATEGORY (Check below the category which applies to the applicant)

(A) MANUFACTURER OR PRODUCER (C) RETAILER (E) DISTRIBUTOR
 (B) WHOLESALER (D) MANUFACTURER'S AGENT (F) SERVICE ESTABLISHMENT

NAMES OF OFFICERS, MEMBERS OR OWNERS OF CONCERN, PARTNERSHIP, ETC.

(A) PRESIDENT _____ (B) VICE PRESIDENT _____

(C) SECRETARY _____ (D) TREASURER _____

(E) OWNERS, PARTNERS, OR STOCKHOLDERS _____

TAXPAYER'S I.D. NO.	INSURANCE INFORMATION (Check Applicable)
FEIN _____	LIABILITY INSURANCE: \$2,000,000 <input type="checkbox"/> \$2,500,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> OTHER <input type="checkbox"/>
or _____	Workers' Compensation : State Minimum <input type="checkbox"/> Greater than Minimum <input type="checkbox"/>
S.S. No. _____	Required that CUSD be named as an Additional Insured <input type="checkbox"/> INSURANCE CO. _____

BONDING INFORMATION (Check each area in which you have been bonded and the latest date of bonding)

Perf. Bond _____ / _____ Payment Bond (Labor and Materials) _____ / _____ Builder's Risk _____ / _____
 Mo. Year Mo. Year Mo. Year

PERSONS AUTHORIZED TO SIGN QUOTES, PROPOSALS, BIDS AND CONTRACTS:

NAME	OFFICIAL CAPACITY

Average number of employees (including affiliates) for four preceding calendar quarters.		Average annual sales for preceding three fiscal years:		Floor Space (Square Feet) Manufacturing Warehouse	4/10/01
--	--	--	--	---	---------

MINORITY/WOMEN BUSINESS ENTERPRISE (Check One) See Definitions Below <input type="checkbox"/> MBE <input type="checkbox"/> MBE/WBE <input type="checkbox"/> WBE	FOR USE BY CONTRACT COMPLIANCE ONLY: BY: _____ DATE _____ <input type="checkbox"/> C <input type="checkbox"/> NC
--	---

MINORITY GROUP MEMBERSHIP (Check One) See Definitions Below
NOTE: DO NOT COMPLETE THIS SECTION UNLESS YOU HAVE CHECKED ONE OF THE BOXES IN THE MINORITY/WOMEN BUSINESS ENTERPRISE SECTION ABOVE.

AFRICAN AMERICAN OR BLACK HISPANIC AMERICAN NATIVE AMERICAN ASIAN-PACIFIC AMERICAN

MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE DEFINITIONS

MINORITY BUSINESS ENTERPRISE ("MBE") means a certified participating business at least 51 percent (51%) of which is owned and controlled by one or more members or one or more minority groups, or in the case of a publicly held corporation, 51 percent (51%) of the stock is owned by one or more members of one or more minority groups and whose daily business operations are controlled by one or more such individuals.

WOMEN'S BUSINESS ENTERPRISE ("WBE") means a certified participating business at least 51 percent (51%) of which is owned by one or more women, or in the case of a publicly held corporation, 51 percent (51%) of the stock of which is owned by one or more women and whose daily operations are controlled by one or more such individuals. Determination of whether a business is at least 51 percent (51%) owned by a woman or women shall be made without regard to community property laws.

MINORITY GROUP MEMBER is an individual who is one of the following:

AFRICAN AMERICAN OR BLACK (persons with origins in any of the Black racial groups of Africa):

HISPANIC AMERICAN (persons of Spanish culture with origins in Puerto Rico, Mexico, Cuba, South or Central America, Spain, Portugal or the Caribbean Islands regardless of race).

NATIVE AMERICAN (American Indian)

ASIAN-PACIFIC AMERICAN (persons with origins from Japan, China, the Phillipines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, Taiwan, or the Indian subcontinent).

IF YOU HAVE EVER DONE BUSINESS WITH THE SCHOOL DISTRICT UNDER ANOTHER NAME, PLEASE INDICATE NAME OR NAMES.

Give names, complete addresses, buyer's names and phone numbers of four of your customers. (Please include Federal, State or City Governments).

ORGANIZATION	ADDRESS, STATE, ZIP	BUYER	PHONE NUMBER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Bank References

NAME OF BANK	ADDRESS, STATE, ZIP	CONTACT PERSON	PHONE NUMBER
_____	_____	_____	_____

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 not debarred or otherwise declared ineligible by any public agency from furnishing materials, supplies or services to any agency thereof.

SIGNATURE OF PERSON AUTHORIZED TO SIGN THIS APPLICATION
NAME AND TITLE OF PERSON SIGNING (Please type or print)

PERSONS OR BUSINESSES INTERESTED IN BEING ADDED TO THE BIDDER'S LIST MUST FILE THIS APPLICATION WITH THE PURCHASING DEPARTMENT.

AFTER PLACEMENT ON THE BIDDERS' LIST, A VENDOR'S FAILURE TO RESPOND TO INVITATIONS FOR BIDS WILL BE UNDERSTOOD BY THE SCHOOL DISTRICT TO INDICATE LACK OF INTEREST AND SHALL RESULT IN THE REMOVAL OF THE VENDOR'S NAME FROM THE BIDDERS' LIST FOR THE ITEMS CONCERNED.

NOTE: ANY CHANGES TO INFORMATION SUBMITTED (ADDRESSES, AUTHORIZED PERSONNEL, ETC.) WILL REQUIRE A REVISED COPY OF THIS FORM. ADDITIONAL FORMS MAY BE OBTAINED BY CONTACTING THE PURCHASING DEPARTMENT AT THE ADDRESS SHOWN ON THE FRONT OF THIS FORM.

USE BY COMMUNITY UNIT SCHOOL DISTRICT 300 ONLY

VENDOR I.D. NUMBER	APPROVED BY	DATE	W9	COMM LIST
--------------------	-------------	------	----	-----------