

City of Madisonville, Kentucky

Vendor Information Request Form

Federal ID Number: _____ or Social Security Number _____

Name: _____

Doing Business As: _____

Attention: _____

Secondary Address: _____

Primary Address: _____

City/State/Zip: _____

Contact Person: _____

Telephone Number: _____ Fax Number _____

Business Lic. # : **REQUIRED** _____

(1) Are you incorporated? YES NO

(2) Do you enter the Madisonville City Limits to conduct business? YES NO

If the response to question (2) is **yes**, please continue.

(3) What is your fiscal year **end month**?

(4) Do you have employees? YES NO

(5) Do you sell prepared food? YES NO

Authorized Signature

Date

or Mail to: City of Madisonville
Accounts Payable Department
P.O. Box 1247
Madisonville, KY 42431