



PORT ANGELES
WASHINGTON, U. S. A.

CITY OF PORT ANGELES

APPLICATION FOR VENDOR LIST

Questions concerning this application may be directed to the City Clerk at 360-417-4634 or cityclerk@cityofpa.us.

1. Name of Company: _____

2. Business Address: _____

City State Zip

3. Remittance Address: _____

City State Zip

4. Phone: _____

5. Sole Proprietorship _____ Corporation _____ Partnership _____

Number of Employees _____

If incorporated, name registered agent and address. If partnership or sole proprietorship, name managing person and address:

Name: _____

Address: _____

City State Zip

6. Federal Tax Identification No. (EIN) _____

7. Please list commodities offered by your company: _____

Please return applications to: Janessa Hurd, City Clerk
City of Port Angeles
321 E. Fifth Street
P. O. Box 1150
Port Angeles, WA 98362