



NEW VENDOR FORM

Please print or type

Town of Mountain Village
Accounts Payable
455 Mtn Village Blvd #A
Mtn Village, Co 81435
970-369-6405

Vendor Information

SECTION 1	1. Social Security Number--(Owner SS# required for sole proprietorship, DBA's, & individuals)		2. Taxpayer ID Number (Federal TIN used to file federal tax return)		
	3. Payee Name (as shown on your tax return):				
	4. Business Name (if different from above - include DBA's here):				
	5. Business Address:				
	6. City:		7. State:	8. Zip Code:	
	9. Phone:		10. Fax:	11. Contact Name:	

Vendor Tax Acknowledgement

SECTION 2	12. What Does your business provide? (Check all that apply)	13. Is your business Incorporated?	14. Is your business filed as an LLC (Limited Liability Corporation)?	14a. What is your LLC formed as?	15. Business Type (LLC's must also fill out this section) - <u>Box 1 in Section 1 must be filled in.</u>
	Services	Yes <i>(skip to Section 3)</i>	Yes <i>(go to 14a)</i>	Sole Proprietorship <i>(go to 15)</i>	Sole Proprietorship: Enter Owners Name
	Supplies	No <i>(go to 14)</i>	No <i>(go to 15)</i>	Partnership <i>(go to 15)</i>	Operated as a "DBA": Enter Name
				Corporation <i>(skip to Section 3)</i>	Partnership: Enter name used on tax return

Mountain Village Business License Requirement

SECTION 2	16. Do you have an office in the Town of Mountain Village?	16a. Do you perform a service in the Town of Mountain Village?	16b. Business license fee has been paid to the Town of Mountain Village, and certificate is not expired?	16c. Business License Application required You must fill out a Business License Application. This form is available on the Town's website, or you may obtain a form by visiting Town Hall. https://townofmountainvillage.com/businesses/business-license/
	Yes <i>(go to 16b)</i>	Yes <i>(go to 16b)</i>	Yes <i>(go to 16d and 16e)</i>	
	No <i>(go to 16a)</i>	No <i>(skip to Section 3)</i>	No <i>(go to 16c)</i>	16d. Business License #

NOTE: It is unlawful for any person to carry on any business in the Town without a valid business license. PAYMENTS TO YOU MAY BE WITHHELD UNTIL DELINQUENT BUSINESS LICENSE FEES ARE RESOLVED.

Vendor Address & Remittance Information

SECTION 3	17. Mailing Address: <i>Please indicate if same as above</i>		18. Payment Remittance Address: <i>Please indicate if same as above</i>	
	Street:		Street:	
	City:		City:	
	State:	Zip Code:	State:	Zip Code:

Signature & Payee Acknowledgement

SECTION 4	Under penalties of perjury, I hereby certify the payee's above TIN is correct, the payee is not subject to backup withholding.	
	SIGN HERE	Signature _____ Date _____
	Printed Name: _____	
	Title: _____	

Town of Mountain Village - Office Use Only

SECTION 5	Purchasing Office Only		Requester Information	
	Vendor Number	_____	Please check one: <input type="checkbox"/> New Vendor <input type="checkbox"/> Vendor Change	_____
	Date Entered	_____		Name of requester
	Entered By:	_____		Date
Billing Office Only		Business License # Checked By: _____	Date: _____	