

RETURN TO:
ATTENTION: DAVID GRIFFIN
ANDREW JOHNSON BUILDING
912 SOUTH GAY STREET
SUITE 710
KNOXVILLE, TENNESSEE 37902



REVISED: 7-19-16

TELEPHONE: 865-215-4681
FAX: 865-215-4637
EMAIL: dgriffin@ktnpba.org

VENDOR APPLICATION

DATE: _____

Complete all information on this form and return it to the address noted above with copies of your Knox County Business License, City of Knoxville Business License, or other business license. Always proof for legibility. Notify us immediately of any changes to the information on your application.

1. FEDERAL TAX I.D.# OR SOCIAL SECURITY #: _____

2. BUSINESS/ENTITY NAME: _____

3. BUSINESS ADDRESS: _____

4. BUSINESS CONTACT NAME: _____

5. CONTACT #: OFFICE: (_____) _____ CELL: (_____) _____

FAX: (_____) _____ EMAIL: _____

6. CHECK ALL APPROPRIATE BOXES THAT APPLY TO YOUR BUSINESS.

- SMALL BUSINESS (AS DEFINED BY THE U.S. SMALL BUSINESS ADMINISTRATION)
- INCORPORATED
- PUBLICLY TRADED
- MINORITY OWNED (If "yes", identify owner's ethnicity.) _____ (optional)
If you are registered with the TN Governor's Office of Diversity, provide copies of this documentation.
- WOMEN OWNED (At least 51%)
- DISADVANTAGED BUSINESS
- VETERAN OWNED

7. LIST ITEMS OR SERVICES YOUR FIRM IS INTERESTED IN PROVIDING TO THE PBA (specifically):

8. ARE THERE ANY FAMILIAL RELATIONSHIP/BUSINESS RELATIONSHIP BETWEEN ANY MEMBER OF YOUR FIRM AND ANY EMPLOYEE/OFFICIAL OF THE PUBLIC BUILDING AUTHORITY?

IF YES, PLEASE EXPLAIN THE NATURE OF THE RELATIONSHIP(S) _____

I HEREBY CERTIFY THAT INFORMATION SUPPLIED HEREIN IS CORRECT. TYPE/PRINT NAME AND TITLE OF PERSON SIGNING APPLICATION.

SIGNATURE/TITLE