



Your business has recently been set up as a vendor in the Lexington-Fayette Urban County Government's financial system. Please provide us with the following information so that we can ensure our records are complete and that you receive purchase orders and payments correctly and in a timely manner.

Please complete this form and **attach a copy of your W-9** and return to: LFUCG - Division of Central Purchasing, 200 E. Main St., Room 338, Lexington, KY 40507 or fax to 859.258.3322.

Business Name \_\_\_\_\_

**CERTIFICATIONS**

Contact Name \_\_\_\_\_

DBE Certification from KTC \_\_\_\_\_

Phone Number \_\_\_\_\_

Ky MWBE Certification from KTC \_\_\_\_\_

Fax Number \_\_\_\_\_

SBA (8)a Certification \_\_\_\_\_

E-Mail Address \_\_\_\_\_

WBE Certification from WBENC or NWBOC \_\_\_\_\_

**Tax ID Number** \_\_\_\_\_

MBE Certification from TSMDC \_\_\_\_\_

Name of person completing form \_\_\_\_\_

Section 3 Certified Business (HUD) \_\_\_\_\_

**MINORITY AND/OR WOMAN OWNED BUSINESS INFORMATION: (Please check all that apply)**

Other \_\_\_\_\_

African-American Business Enterprise \_\_\_\_\_

**REMITTANCE ADDRESS**

Asian Indian-American Business Enterprise \_\_\_\_\_

**Address** \_\_\_\_\_

Asian Pacific-American Business Enterprise \_\_\_\_\_

City \_\_\_\_\_

Hassidic Jew-American Business Enterprise \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Hispanic-American Business Enterprise \_\_\_\_\_

**ORDERING ADDRESS**

Native-American Business Enterprise \_\_\_\_\_

Address \_\_\_\_\_

Woman-Owned Business Enterprise \_\_\_\_\_

City \_\_\_\_\_

Veteran-Owned Business Enterprise \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

NONE \_\_\_\_\_

