



GEAUGA COUNTY AUDITOR'S OFFICE -- Vendor Application for Registration

FORM MUST BE FILLED OUT AND SUBMITTED ELECTRONICALLY

A. TO BE COMPLETED BY VENDOR APPLICANT

CURRENT VENDOR --- VENDOR NUMBER _____ NAME CHANGE --- ADDRESS CHANGE ---

1. Legal Name of Business/Vendor:		1.a. New Vendor: Yes--- <input type="radio"/> No--- <input type="radio"/>	
1.b. Doing Business As: <i>[If different from above]</i>			
2. Other Names Used by Business/Vendor:			
3. Physical Street Address of Business/Vendor <i>[NOT P.O. Box]:</i>		3.a. City:	3.b. State:
			3.c. Zip Code:
4. Mailing Address: <i>[If different from #3 above]</i>		4.a. City:	4.b. State:
			4.c. Zip Code:
5. Email:	5.a. Web Address:	5.b. Office Phone:	5.c. Fax Number:
6. Other Business Locations: <i>[if there are locations other than above]</i>			
7. Name and Title of Person who can answer questions about the business:		7.b. Title:	
7.a. Full Name:			
8. Business Profile: Nature of Business <i>[check one]</i> Construction--- <input type="radio"/> Commodity Providers--- <input type="radio"/> Business Services--- <input type="radio"/> Professional Services--- <input type="radio"/> Other--- <input type="radio"/>			
9. Vendor Type: <i>[check appropriate item/s]</i>			
Business	Corporation	County Office	County Employee
Personal Service	Rental Services	Real Estate Payments	General Relief Client
Tax Exempt	Juror/Witness	Poll Worker	Medical Doctor
			Veteran's Assistance
10.a. Federal Tax ID Number:		OR	10.b. Social Security Number:
11. Briefly State Products and/or Services that will be Provided:			
12. Date Vendor Business Established/Registered: ___/___/___		12.a. State & Department where Registered:	
13. Documents: (i) COMPLETED FORM W-9, and copies of (ii) Registration Documents, (iii) All licenses & certifications required to perform services, and (iv) Vendor's active status with the State of Ohio			
14. VENDOR CERTIFICATION: I certify that the information provided and shown on this form is accurate. I also certify that the company's principals and directors are not public employees, which includes employees of Geauga County, and that the company does not have any unlawful interest in County business, including prohibitions under ORC 2921.42. In addition, I further certify that the company meets all qualifications necessary to conduct business in Ohio. I also agree to notify the County Department/Entity and the County Auditor's Office of any material change or status of the documentation provided.			
Print Name & Title of VENDOR _____		VENDOR's Signature _____ Date ___/___/___	

B. FOR COUNTY USE ONLY: To be completed by the County entity submitting the Vendor Registration Request. The Vendor described above is not subject to an "unresolved" finding for recovery under ORC 9.24, as verified at the State of Ohio Auditor's Website: <https://ohioauditor.gov/findings.html>.

Authorized Signature: _____ Name: _____ Department/Entity: _____
Date: ___/___/___ This is only a Vendor Application for Registration and NOT an authorization to purchase. All IT related purchases require PRIOR approval from the ADP Board.

GEAUGA COUNTY AUDITOR'S OFFICE

Vendor Application for Registration

FORM MUST BE FILLED OUT AND SUBMITTED ELECTRONICALLY

Policy No: AUD 1801 - Form: AUD1801-F

Instructions for Completing the Application

*Form AUD1801-F is to be used for all NEW applications, and for making any CHANGES to previously registered vendor information. **Policy No: AUD1801, Subsection 3.04:** "...The updated form shall be submitted electronically to the Geauga County entity with whom the vendor is engaged in or interested in doing business. Subsection 3.06: "Only electronic 'Vendor Application for Registration Form AUD1801-F' will be accepted by the Geauga County Auditor's Office. HANWRITTEN, INCOMPLETE, HARD-COPY, AND/OR INCORRECT APPLICATION WILL BE REJECTED."*

Section A of the application must be completed by the Vendor. If a current Vendor, mark the circle and print the Vendor number.

If the form is only for a name change or address change, mark the circle/s that applies.

- 1. Legal Name of Business/Vendor:** Print the legal name as it appears on the legal documents. **1.a. New Vendor:** Indicate whether or not a new Vendor.
- 1.b. Doing Business As:** If the Vendor is conducting business under a name other than the legal or registered name, enter the name that is used.
- 2. Other names Used by Business/Vendor:** Enter any and all other names under which business was/is conducted.
- 3. Physical Street Address of Business/Vendor:** Enter the full geographical address [street, city, state and zip code] where business is located – NOT a Post Office Box address.
- 4. Mailing Address:** If the mailing address is different from #3 above, enter the full mailing address [street, city, state and zip code] where mail can be delivered to the business.
- 5. Email:** Enter the email address where electronic mail can be sent. **5.a. Web Address:** Enter the Web Address if the vendor has one. **5.b. Phone Number:** Enter the Office phone number where the business principal can be reached. **5.c. Fax Number:** Enter the fax number where facsimile can be transmitted.
- 6. Other Business Locations:** If there are any other locations where the business operates enter the address/es.
- 7. Name and address of Person Who can answer questions about the business:** **7.a. Full Name:** Enter the full name of the person who is knowledgeable about the business and who can answer questions concerning the business when needed. **7.b. Title:** Enter the title of the person whose name appears in 7.a.
- 8. Business Profile: Nature of Business:** Mark the appropriate box that applies to the nature of the business.
- 9. Vendor Type:** Mark the appropriate box that applies to the type of vendor. **10.a. Federal Tax ID Number: OR 10.b. Social Security Number:** Enter the relevant federal tax identification number that applicable to the vendor. **11. Briefly State Products and/or Services that will be Provided:** State the products and/or services the vendor can provide to the County. **12. Date Vendor Business Established/Registered:** Enter the date when the business was formally established or registered with the state government. **12.a. State & Department where Registered:** Enter the name of the department and state where the legal registration was completed. **13. Documents: (i) COMPLETED FORM W-9:** Attach the federal IRS Form W-9 duly completed; and **copies of (ii) Registration Documents, (iii) All licenses & certifications required to perform services, and (iv) Vendor's active status with the State of Ohio:** Attach true copies of all the relevant documents as listed above that can verify and validate the business. **14. VENDOR CERTIFICATION:** The vendor-applicant shall vouch to the truthfulness, accuracy and completeness of all the information, including the attachments, provided in and along with this vendor application to the County by entering his/her name, title, date and placing his/her signature where so indicated.

Section B - FOR COUNTY USE ONLY

Section B is to be completed by the County entity considering a specific vendor. The County entity shall verify all the information provided by the vendor, including any changes to prior submittals is current and complete, and that the vendor is NOT subject to an "unresolved" finding for recovery under ORC 9.24. The Ohio Auditor of State lists vendors subject to "unresolved" findings for recovery on its website : <https://ohioauditor.gov/findings.html>.

Subsequent to verifying the above information, the County entity shall place his/her signature and enter his/her name, identify the department/entity and date it.

Revised: 2019.05.15

Policy No: AUD1801 - Form: AUD1801-F